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						
08/29/2017	\$ 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	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
7.	A	CHING FERIOD GOVERED DI TING GTATEMENT. (TTTING GHOU)
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20171 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
		CoBridge Broadband, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Fidelity Cablevision, Inc.
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		64 N Clark (Number, street, rural route, apartment, or suite number)
		Sullivan, MO 63080 (City, town, state, zip)
С		CUCTIONS: 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		IDENTIFICATION OF CABLE SYSTEM:
	1	
		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.

ccounting Period:	2017/1							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#						
Name		5891						
	CoBridge Broadband, LLC Instructions: List each separate community served by the cable system. A "community served by the cable system."							
D	"a separate and distinct community or municipal entity (including unincorporated or discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single, ist 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.							
First	CITY OR TOWN Harrisonville	STATE MO						
Community								
Add Rows as Necessary								

Accounting Period: 2017/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

CoBridge Broadband, LLC

5891

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			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE		
Residential:					
Service to first set	854	30.99			
Service to additional set(s)					
 FM radio (if separate rate) 					
Motel, hotel	3	15.00			
Commercial					
Converter					
Residential					
Non-residential					
		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 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	рр	Motel, hotel	\$80/hr	Tier	45.00
 Pay cable—add'l channel 		Commercial	\$80/hr	Digital Basic	12.00
 Fire protection 		• Pay cable		Digital Tier	7.99
Burglar protection		 Pay cable-add'l channel 		HD Tier	5.00
Installation: Residential		Fire protection			
First set	\$80/hr	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	\$25		
 Converter 		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2017/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 5891

CoBridge 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
КСРТ	18	E	KANSAS CITY, MO
ксту	24	N	KANSAS CITY, MO
KCWE	31	1	KANSAS CITY, MO
KMBC	29	N	KANSAS CITY, MO
KMBC-DT2	29.2	I-M	KANSAS CITY, MO
KMCI	41	I	LAWRENCE, KS
KMOS	15	E	SEDALIA, MO
KPXE	51	I	KANSAS CITY, MO
KSHB	42	N	KANSAS CITY, MO
KSMO	47	I	KANSAS CITY, MO
WDAF	34	N	KANSAS CITY, MO
WDAF-DT2	34.2	I-M	KANSAS CITY, MO

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CoBridge Broadband, LLC

5891

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	d: 2017/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	ГЕМ:					SYSTEM ID#
Name	CoBridge Broadband,	LLC						5891
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage:								
Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Statement and								
Program Log	broadcast by a distant station?							
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	s "Yes," you m	ust complet	te the progra	m
	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 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 accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. 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." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately 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 required to delete under FCC rules and regulations in							
					П мн	EN SUBST	TITLITE	
	SUBSTITUTE PROGRAM				IAGE OCC		7. REASON FOR	
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH		TIMES TO	DELETION
							_	
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2017/1						A1-2E. PAGE
CoBridge Broadband, LLC	И:				S	YSTEM ID 589
all amounts (gross receipts) paid to (as identified in space E) during the page (vii) of the general instructions Gross receipts from subscribers during the accounting period.	your cable system by subscr accounting period. For a furt located in the paper SA1-2 f for secondary transmission	ribers for the s ther explanation form. service(s)	ystem's s on of how	econdary tran- to compute th	smission service is amount, see	2,116.00
<u>`</u>					(Fariodité or gr	000 1000(pto)
Instructions: To compute the royalty Complete block 1, block 2, or block Use block 1 if the amount of gross re Use block 2 if the amount of gross re Use block 3 if the amount of gross re	3. eceipts in space K is \$137,10 eceipts in space K is more the eceipts in space K is more the eceipts in space K is more the	ıan \$137,100 l ıan \$263,800 l	but less th	nan \$527,600	\$263,800	
E	LOCK 1: GROSS RECEIP	TS OF \$137,	100 OR I	LESS		
	ross receipts of \$137,100 or le	ess, the royalty	fee that y	ou must pay for	r this six-month	
•	nd					
						0.00
Line 2. Interest charge. Enter the amo	ount from line 4, space Q, page	e 8				0.00
Line 3. TOTAL ROYALTY FEE PAYA	BLE FOR ACCOUNTING PE	RIOD Add line	es 1 and 2			
BLOCK 2: GR	OSS RECEIPTS OF \$263,	800 OR LES	S (but mo	ore than \$137	,100)	
1. Base amount under statutory formu	la	<u>.</u>	\$	263,800.00	=	
2. Enter amount of gross receipts from	space K	<u>\$</u>	\$	162,116.00	_	
3. Subtract line 2 from line 1		<u>.</u>	\$	101,684.00	_	
4. Enter the amount of gross receipts	rom space K			\$	162,116.00	
5. Enter the amount from line 3				\$	101,684.00	
6. Subtract line 5 from line 4				\$	60,432.00	
7. Multiply line 6 by .005 (enter figure	nere)				\$	302.16
8. Interest charge. Enter the amount to	rom line 4, space Q, page 8.					0.00
9. TOTAL ROYALTY FEE PAYABLE	FOR ACCOUNTING PERIOD). Add lines 7 a	and 8		\$	302.16
BLOCK 3: GRO	SS RECEIPTS OF MORE	THAN \$263,	800 (but	less than \$52	7,600)	
Enter the amount of gross receipts:	from space K					
	·				_	
		_			_	
					=	
					1.319.00	
7. TOTAL ROTALITY FEE PATABLE	FOR ACCOUNTING PERIOL	J. Add lines 4,	o, and o .		·	
FILIN	G FEE AND TOTAL REMIT	TANCE DUE				
Royalty Fee Payable for Accounting	Period (from Block 1, 2, or 3,	above)		\$	302.16	
				_	20.00	
	•					202.12
3. TOTAL AMOUNT DUE FOR ACCO	OUNTING PERIOD. Add lines	s 2 and 3			\$	322.16
Important: Your remittance i	nust be in the form of an ele	ectronic paym	ent payal	ole to the Regi	ster of Copyrig	ghts!
	GROSS RECEIPTS Instructions: The figure you give in all amounts (gross receipts) paid to y (as identified in space E) during the page (vii) of the general instructions Gross receipts from subscribers during the accounting period. IMPORTANT: You must complete a COPYRIGHT ROYALTY FEE Instructions: To compute the royalty the Complete block 1, block 2, or block value block 1 if the amount of gross revise block 2 if the amount of gross revise block 3 if the amount of gross revise block 3 if the amount of gross revise page (vi) of the general instructions. Enstructions: As a cable system with graccounting period is \$52.00 Line 1. Royalty fee for accounting period in the second period period in the second period perio	GROSS RECEIPTS Instructions: The figure you give in this space determines the fa all amounts (gross receipts) paid to your cable system by subsor (as identified in space 5) during the accounting period. For a furing page (vii) of the general instructions located in the paper SA1-2 in Gross receipts from subscribers for secondary transmission during the accounting period. IMPORTANT: You must complete a statement in space P conce COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 2 if the amount of gross receipts in space K is more the 1. Use block 2 if the amount of gross receipts in space K is more the 2. Use block 2 if the amount of gross receipts in space K is more the 3. Use block 2 if the amount of gross receipts in space K is more the 3. Use block 2 if the amount of gross receipts in space K is more the 3. Use block 2 if the amount of gross receipts in space K is more the 3. Use block 2 if the amount of gross receipts in space K is more the 3. ELOCK 1: GROSS RECEIP Instructions: As a cable system with gross receipts of \$137,100 or leaccounting period is \$52.00 Line 1. Royalty fee for accounting period . Line 2. Interest charge. Enter the amount from line 4, space Q, page Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PE BLOCK 2: GROSS RECEIPTS OF \$263, 1. Base amount under statutory formula . 2. Enter amount of gross receipts from space K . 3. Subtract line 2 from line 1 . 4. 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 PERIOL BLOCK 3: GROSS RECEIPTS OF MORE . 1. 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 statuto formula line 4, space Q, page 8 . 7. TOTAL ROYALTY FEE PAYABL	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatic page (vii) of the general instructions located in the paper 5A1-2 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 recomplete blook 1, block 2, or block 3. Use block 2 if the amount of gross receipts in space K is \$137,100 or less 1 Use block 2 if the amount of gross receipts in space K is more than \$263,800 is 2 block 3 if the amount of gross receipts in space K is more than \$263,800 is 2 block 3 if the amount of gross receipts in space K is more than \$263,800 is 2 block 3 if the amount of gross receipts in space K is more than \$263,800 is 2 block 3 if the amount of gross receipts in space K is more than \$263,800 is 2 block 3 if the amount of gross receipts in space K is more than \$263,800 is 2 block 3 if the amount of gross receipts in space K is more than \$263,800 is 2 block 3 if the amount of gross receipts of \$137,100 or less, the royalty 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. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add line BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES 1. Base amount under statutory formula 2. Enter the amount of gross receipts from space K 3. Subtract line 2 from line 1 4. Enter the amount 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 of the page of the pa	COBridge Broadband, LLC GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the am all amounts (gross receipts) paid to your cable system by subscribers for the system's s (as identified in space E) during the accounting period. For a further explanation of how page (N) of the general instructions located in the paper SAT-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. MPORTANT: You must complete a statement in space P concerning gross receipts. COPYRIGHT ROYALTY FEE Instructions: To compute the royally fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 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 it Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less it See page (vi) of the general instructions located in the paper SAT-2 form for more information of the general instructions located in the paper SAT-2 form for more information bus sets of the space of the sp	COBRIDGE Broadband, LLC GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay, all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tran (as identified in space E) during the accounting period. For a further explanation of how to compute the page (vii) of the general instructions located in the pager SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. MIPORTANT: You must complete a statement in space P concerning gross receipts. COPYRIGHT ROYALTY FEE Instructions: To compute the royally fee you owe: - Complete block 1 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to: - Use block 2 if the amount of gross receipts in space K is more than \$253,800 but less than \$227,600 - See page (vi) of the general instructions located in the pager SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 or less. BLOCK 1: GROSS RECEIPTS OF \$137,100 or Less - Instructions: As a cable system with gross receipts of \$137,100 or less, the royally fee that you must pay for 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 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137 1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K \$ 162,116.00 3. Subtract line 2 from line 1 \$ 101,684.00 4. Enter the amount from line 4, space Q, page 8 - Total ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 - Secondary Instructions from line 4 - S - Multiply line 6 by .005 (enter figure here) - BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52 - Beach amount under statutory formula - S - Royalty Line 2 from line 1 - Lines the amount from line 4, space Q, page 8 - TOTAL R	COBridge Broadband, LLC GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission services (as identified in space E) during the accounting period. Cross receipts from subscribers for secondary transmissions service(s) during the accounting period. MPORTANT: You must complete a statement in space P concerning gross receipts. COPYRIGHT ROYALTY EE Instructions: To compile the royalty fee you owe: **Complete blook 1, blook 2, or blook 3.** Use blook 1 fit he amount of gross receipts in space K is s137,100 or less **Use blook 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 **Use blook 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 **Use blook 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 **Use blook 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 **Use blook 3 if the amount of gross receipts in space K is more than \$137,100 or less. BLOCK 1: GROSS RECEIPTS OF \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$82.00 Line 1. Royalty fee for accounting period. Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2. 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 the amount of gross receipts from space K. \$ 101,684.00 4. Enter the amount of gross receipts from space K. \$ 101,684.00 5. Enter the amount of gross receipts from space K. \$ 101,684.00 6. Interest charge. Enter the amount from line 4, space Q, page 8. 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8. \$ 1

Name	LEGAL NAME OF COBridge Broad	OWNER OF CABLE SYSTEM: adband, LLC		SYSTEM ID# 5891
M Channels	to its subscriber 1. Enter the tota system carried 2. Enter the tota on which the c	s, and (2) the cable system's to all number of channels on which the television broadcast stations all number of activated channels cable system carried television		339
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accoun	R INFORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Melinda Lahmann	Telephone	573-468-1216
	Address	64 N Clark (Number, street, rural route, apartr	ent or suite number\	
		Sullivan, MO 63080	en, or suite number)	
		(City, town, state, zip)		
	Email	melinga.lanman	@fidelitycommunications.com Fax (optional)	
0	CERTIFICATION	(This statement of account mu	st be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersign	ed, hereby certify that (Check or	e, but only one, of the boxes.)	
	(Owne	er other than corporation or pa	rtnership) I am the owner of the cable system as identified in line 1 of space B	or
	(Agen	nt of owner other than corporate	on or partnership) I am the duly authorized agent of the owner of the cable sy	rstem as identified
			ner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal entity identified as own	or of the cable system
		line 1 of space B.	a comportation) or a partitler (if a partitlership) of the legal entity identified as owner	of the cause system
		te, and correct to the best of my	ereby declare under penalty of law that all statements of fact contained herein nowledge, information, and belief, and are made in good faith.	
			X /s/ Carla Cooper	
			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: Carla Cooper	
		Title:	Vice President of Finance	
		Date:	8/28/2017	

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 the 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 telephon 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 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

counting Period: 2017/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
oBridge Broadband, LLC	5891
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	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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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