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

STATEME		FOR COPYRIGH	Return completed workbook by email to:		
for Secondar	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov	
General instruc	ms (Short Form) ctions are located of this workbook	02/19/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
Α	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))		
	2017/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
Accounting Period	20172	Barcode Data Filing Period (optional	- see instructions)		
renou					
В	Instructions: Give the full legal name of the owner of the of the subsidiary, not that of the parent co		diary of another corporation, give the full corp	porate title	
Owner	List any other name or names under which	the owner conducts the business of the	ne cable system.		
	If there were different owners during the a single statement of account and royalty fee		he last day of the accounting period should su ing period.	ibmit a	
	Check here if this is the system's first filing	. If not, enter the system's ID number a	assigned by the Licensing Division.	27424	
	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 nu	imber)			

 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.

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

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.

Sullivan, MO 63080

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

(City, town, state, zip)

С

System

1

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Humo	CoBridge Broadband, LLC	27424
	Instructions: List each separate community served by the cable system. A "comm	
D	"a separate and distinct community or municipal entity (including unincorporated	
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that ye	
	as the "first community." Please use it as the first community on all future filings	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mob	le home parks should be reported in parentheses below the
Served	identified city.	
Gerveu		
	CITY OR TOWN	STATE
First	Beebe	AR
Community	White County (Portion)	AR
Add Rows as Necessary		

								FORM SA1-	2E. PAGE
Name								313	2742
	CoBridge Broadband, L	LC							
Е	SECONDARY TRANSMISSION			-	-				
E	In General: The information in s	-		-		•			
Secondary	system, that is, the retransmissi about other services (including p								
Transmission	last day of the accounting period							ing on the	
Service: Sub-	Number of Subscribers: Bot	•					2		
scribers and Rates	down by categories of secondar each category by counting the n			•		•			
Rates	separately for the particular serv			0) (,	chargeu	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed				ny standa	rd rate variation	is within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of sec	ondary transmis	ssion servi	ce 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					d in the count ur	ider "Servi	ce to the	
	Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t							-	
	with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the							service is	
	sufficient.	OCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCRIBI	-RS	RAIE	CAT	EGORT OF SER	VICE	SUBSCRIBERS	RAI
	Service to first set		425	30.99					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel		3	12.00					
	Commercial		5	16.00					
	Converter								
	Residential								
	Non-residential								
			NEMIC						
_	SERVICES OTHER THAN SEC In General: Space F calls for ra	-				Il vour cable sv	stem's serv	vices that were	
F	not covered in space E, that is, t		-		•	• •			
. .	service for a single fee. There a	•			•		• • •		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usuuny	billed. If dify it			able per p	rogram buolo,	
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	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.								
	brief (two- or three-word) description and include the rate for each.								
	BLOCK 1					BLOCK			
						DATE	CATEC		DAT
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:	RATE	CATEC	GORY OF SER ation: Non-res tel, hotel				DRY OF SERVICE	
		RATE	CATEC Installa • Mo	ation: Non-res		RATE \$80/hr \$80/hr	Tier		RAT 45.0
	Continuing Services: • Pay cable	RATE	CATEC Installa • Mo • Cor	ation: Non-res tel, hotel		\$80/hr		Basic	45.0
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATEC Installa • Mo • Cor • Pay	ation: Non-res tel, hotel mmercial	dential	\$80/hr	Tier Digital	Basic	45.(12.(
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	CATEC Installa • Mo • Col • Pay • Pay	ation: Non-res tel, hotel mmercial y cable	dential	\$80/hr	Tier Digital	Basic	45.(12.(
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	CATEC Installa • Mo • Cor • Pay • Pay • Fire	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch	dential	\$80/hr	Tier Digital	Basic	45.(12.(
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE pp	CATEC Installa • Mo • Cou • Pay • Pay • Fire • Bur	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection	dential	\$80/hr	Tier Digital	Basic	45.(12.(
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE pp	CATEC Installa • Mo • Col • Pay • Pay • Fire • Bur Other	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	dential	\$80/hr	Tier Digital	Basic	45.(12.(
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE pp	CATEC Installa • Mo • Cor • Pay • Pay • Fire • Bur Other =	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	dential	\$80/hr \$80/hr	Tier Digital	Basic	45.(12.(
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE pp	CATEC Installa • Mo • Col • Pay • Pay • Fire • Bur Other • Rec • Dis	ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	dential	\$80/hr \$80/hr	Tier Digital	Basic	45.(12.(

Accounting Period:	2017/2			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM I
Hamo	CoBridge Broadband	, LLC		274
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on flicense. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these to Column 4: Give the location	TELEVISION TELEVISION entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting ti e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. :: With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination d with a station according to its over-the	t (1) stations carried only on a part-ti he carriage of certain network progra a(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form.	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast).
	1. CALL SIGN	4. LOCATION OF STATION		
	KARK	32	N	LITTLE ROCK, AR
	KARZ	44		LITTLE ROCK, AR
dd Rows as Necessary	KASN	39	l	PINE BLUFF, AR
	ΚΑΤΥ	22	N	LITTLE ROCK, AR
	KETS	7	E	LITTLE ROCK, AR
	KKAP	36	I	LITTLE ROCK, AR
	KLRT	30	Ν	LITTLE ROCK, AR
	KMYA-DT	49	I	LITTLE ROCK, AR
	ктну	12	Ν	LITTLE ROCK, AR
	KVTN	24	I	PINE BLUFF, AR

EGAL NAME OF			I U I LIVI.					SYSTEM 274
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried b monitoring, to prmation abou m. lentify the call tate whether the radio stat the radio stat this by placing ive the station	y the sys be recein at the Co sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received at wed at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	2) it can ertain st eneral in eparate	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	
		2.2				5.0		

Accounting Perio	od: 2017/2						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CoBridge Broadband,	LLC						27424
	SUBSTITUTE CARRIAG			NT AND PROGRAM I O	G			
I I	In General: In space I, ident		-		-	tion that you		tom carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN						• •	
Special	During the accounting per				isis anv noni	network telev	ision nroa	ram
Statement and				frouny, on a substitute be	iolo, any nom			
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you i	must complet	e the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	ir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		oonood by th		in
	the case of Mexican or Car							
				stem carried the substitute			with the r	nonth
	first. Example: for May 7 gi		, ,		1 0			
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	5:28:30 p.m. s	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming tha	t vour system	was reau	ired
	to delete under FCC rules							
	was substituted for program							09.0
	effect on October 19, 1976							
								Γ
	e		E PROGRAM	1		N SUBSTIT		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCO 6. TIN		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО	
						_		
						_		
					·			
								·
						_		
						_		
					·			
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						_		
						_		
						_		
								+

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	CoBridge Broadband, LLC		27424
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	3,558.00 ss 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 \$2 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.	63,800	
	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 t accounting period is \$52.00	his 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 \$137,1)		02.00
	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		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. 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 Due	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)	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 informati		hts!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CoBridge Broadband, LLC	SYSTEM ID# 27424
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations	10 344
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	72 469 4246
for Further Information	Name Melinda Lahmann Telephone 57 Address 64 N Clark (Number, street, rural route, apartment, or suite number)	73-468-1216
	Sullivan, MO 63080 (City, town, state, zip) Email melinda.lahmann@fidelitycommunications.com Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; of (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	stem as identified
	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 (Title of official position held in corporation or partnership)	
	Date: 2/19/18	

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counting Period: 2017/2	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Bridge Broadband, LLC	2742
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." 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? NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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