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

Return completed workbook

STATEME	ENT	OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	
Cable Systems (Short Form) General instructions are located in the first tab of this workbook		\$ 02/19/2018 ALLOCATION NUMBER		<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
Α	ACCO	DUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	/YY/(Period))	
		2017/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		20172	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period					
В		Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		diary of another corporation, give the full co	rporate 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 fer		he last day of the accounting period should s ing period.	submit 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.	5891
		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 64 N Clark	CABLE SYSTEM		
		(Number, street, rural route, apartment, or suite nu Sullivan, MO 63080	imber)		
		(City, town, state, zip)			
С				tify the business and operation of the e system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM			
	2	(Number, street, rural route, apartment, or suite nu	imber)		
		(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CoBridge Broadband, LLC	5891
D	"a separate and distinct community or municipal entity (including uninco discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all futur	y that you list will serve as a form of system identification hereafter known re filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, identified city.	or mobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	Harrisonville	MO
Community		
Add Powe as Nosossan		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							-2E. PAGE TEM ID
Name	CoBridge Broadband, L		-						589
	SECONDARY TRANSMISSION		IBSCDI		ES				
E	In General: The information in s			-	-	y transmission	service of t	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p						those exist	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both			,	,	,	hle system	broken	
scribers and	down by categories of secondar	•							
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				stanua		is within a j		
	Block 1: In the left-hand block				s of sec	ondary transmi	ssion servio	ce that cable	
	systems most commonly provide								
	that applies to your system. Not			0		0			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t	iers of services	s that in	clude one or more	e secon	dary transmissi	ons), list th	em, together	
	with the number of subscribers a	and rates, in the	e right-h	and block. A two-	- or thre	e-word descript	tion of the s	service is	
	sufficient. BLC	DCK 1		П			BLOCK	(2	
		NO. OF		DATE	0.4.75			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	GORY OF SEI	RVICE	SUBSCRIBERS	RATI
	Service to first set		874	30.99					
			0/4	30.99					
	Service to additional set(s)								
	• FM radio (if separate rate)		2	14.00					
	Motel, hotel		3	14.00					
	Commercial Converter		1	10.00					
	Residential								
	Non-residential								
	• NON-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES					
F	In General: Space F calls for rate	te (not subscril	oer) info	rmation with resp	ect to a	Il your cable sy	stem's serv	vices that were	
Г	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.		-		-		0	
ransmissions:	Block 1: Give the standard rat			•					
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-	-		
	brief (two- or three-word) descrip		•		eu. List	these other ser			
		BLO	<b>∩</b> ⊮ 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERVIO	CE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-reside	ential				
	• Pay cable	рр	• Mot	tel, hotel		\$80/hr	Tier		45.0
	• Pay cable—add'l channel		• Cor	mmercial		\$80/hr	Digital	Basic	12.0
	Fire protection		• Pay	/ cable			Digital	Tier	7.9
	•Burglar protection		• Pay	/ cable-add'l chan	nnel		HD Tier	ſ	5.0
	Installation: Residential		• Fire	e protection					I
	First set	\$80/hr	• Bur	glar protection					I
	<ul> <li>Additional set(s)</li> </ul>		Other s	services:					
	• FM radio (if separate rate)		• Red	connect		\$25			
	• Converter		• Dis	connect					
	1								
			• Out	tlet relocation					
				tlet relocation	s				

Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
	CoBridge Broadband	, LLC		5
	PRIMARY TRANSMITTERS:			
<b>G</b> Primary	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(d	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting to e)(2) and (4), or 76.63 (referring to 76.6	t (1) stations carried only on a part-t he carriage of certain network progra	ime basis under ams [sections
ansmitters: Television	Substitute Basis Stations	s explained in the next paragraph. With respect to any distant stations c	arried by your cable system on a sul	ostitute program
		ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis.	he Special Statement and Program	Log)—if the
	basis. For further information <b>Column 1:</b> List each station	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	, see page (v) of the general instruct program services such as HBO, ESF	ions. PN, etc. Identify each
	"WETA-2" as the same on	0	<b>c</b>	
	<b>Column 3:</b> Indicate in each educational station, by enter	(RC is channel 4 in Washington, D.C. a case whether the station is a network ering the letter "N" (for network), "N-M"	(for network multicast), "I" (for indepe	endent), "I-M"
	For the meaning of these te <b>Column 4:</b> Give the location	"E" (for noncommercial educational), erms, 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	uctions in the paper SA1-2 form. t the community to which the station	is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КСРТ	18	E	
	NGF I	10	E	KANSAS CITY, MO
	KCTV	24	N	KANSAS CITY, MO KANSAS CITY, MO
≀ows as Necessary				
ows as Necessary	КСТУ	24	N	KANSAS CITY, MO
ws as Necessary	KCTV KCWE	24 31	N 1	KANSAS CITY, MO KANSAS CITY, MO
vs as Necessary	KCTV KCWE KMBC	24 31 29	N 1 N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
ws as Necessary	KCTV KCWE KMBC KMBC-DT2	24 31 29 29.2	N I N I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
ws as Necessary	KCTV KCWE KMBC KMBC-DT2 KMCI	24 31 29 29.2 41	N I N I-M I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS
ws as Necessary	KCTV KCWE KMBC KMBC-DT2 KMCI KMOS KPXE	24 31 29 29.2 41 15	N 1 N 1-M 1 E 1	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO
ws as Necessary	KCTV KCWE KMBC KMBC-DT2 KMCI KMOS KPXE KSHB	24 31 29 29.2 41 15 51 42	N I N I-M I E I I N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO
ws as Necessary	KCTV KCWE KMBC KMBC-DT2 KMCI KMOS KPXE	24 31 29 29.2 41 15 51	N 1 N 1-M 1 E 1	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO
tows as Necessary	KCTV KCWE KMBC KMBC-DT2 KMCI KMOS KPXE KSHB KSMO	24 31 29 29.2 41 15 51 42 47	N 1 N 1-M 1 E 1 E 1 N 1 N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO
Rows as Necessary	KCTV KCWE KMBC KMBC-DT2 KMCI KMOS KPXE KSHB KSMO WDAF	24 31 29 29.2 41 15 51 42 47 34	N I N I-M I E I N I N I N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
Rows as Necessary	KCTV KCWE KMBC KMBC-DT2 KMCI KMOS KPXE KSHB KSMO WDAF	24 31 29 29.2 41 15 51 42 47 34	N I N I-M I E I N I N I N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
Rows as Necessary	KCTV KCWE KMBC KMBC-DT2 KMCI KMOS KPXE KSHB KSMO WDAF	24 31 29 29.2 41 15 51 42 47 34	N I N I-M I E I N I N I N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
Rows as Necessary	KCTV KCWE KMBC KMBC-DT2 KMCI KMOS KPXE KSHB KSMO WDAF	24 31 29 29.2 41 15 51 42 47 34	N I N I-M I E I N I N I N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
Rows as Necessary	KCTV KCWE KMBC KMBC-DT2 KMCI KMOS KPXE KSHB KSMO WDAF	24 31 29 29.2 41 15 51 42 47 34	N I N I-M I E I N I N I N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
Rows as Necessary	KCTV KCWE KMBC KMBC-DT2 KMCI KMOS KPXE KSHB KSMO WDAF	24 31 29 29.2 41 15 51 42 47 34	N I N I-M I E I N I N I N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
Rows as Necessary	KCTV KCWE KMBC KMBC-DT2 KMCI KMOS KPXE KSHB KSMO WDAF	24 31 29 29.2 41 15 51 42 47 34	N I N I-M I E I N I N I N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
Rows as Necessary	KCTV KCWE KMBC KMBC-DT2 KMCI KMOS KPXE KSHB KSMO WDAF	24 31 29 29.2 41 15 51 42 47 34	N I N I-M I E I N I N I N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
Rows as Necessary	KCTV KCWE KMBC KMBC-DT2 KMCI KMOS KPXE KSHB KSMO WDAF	24 31 29 29.2 41 15 51 42 47 34	N I N I-M I E I N I N I N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
Rows as Necessary	KCTV KCWE KMBC KMBC-DT2 KMCI KMOS KPXE KSHB KSMO WDAF	24 31 29 29.2 41 15 51 42 47 34	N I N I-M I E I N I N I N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO

EGAL NAME OF			I STEIVI.					SYSTEM I 58
	t 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 by monitoring, to prmation abourts m. lentify the call tate whether t the radio stati this by placing vive the station	y the sys be recein to the Co sign of e the static 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 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 pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions 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	
ON LEE OTOT		0.1D		ONLE CICIL		0,0		
						·		
						·	·	

Accounting Perio	od: 2017/2						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CoBridge Broadband,	LLC						5891
	SUBSTITUTE CARRIAG				G			
I I	In General: In space I, ident		-		-	tion that your		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				fi carry, 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 the	ECC or	in
	the case of Mexican or Car							111
				stem carried the substitute			with the n	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 requ	ired
	to delete under FCC rules							
	was substituted for program							09.0
	effect on October 19, 1976							
	e		E PROGRAM	1		N SUBSTIT		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCO		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						<u></u>		
						—		
						_		
					·			
						_		
					·			"
						_		
						_		
						_		
								1
						_		

Accounting Period:	2017/2		FORM S	A1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
Name	CoBridge Broadband, LLC			5891
K Gross Receipts	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 signal amounts (gross receipts) during the accounting period. For a further explanation of how 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.	secondary transm to compute this a	ission service amount, see	9,181.00
-				
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 th Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less th See page (vi) of the general instructions located in the paper SA1-2 form for more information	han \$527,600 on.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OF	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00	you must pay for	this six-mon	
	Line 1. Royalty fee for accounting period		·	
	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		-	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but n	nore than \$137,1	00)	
	1. Base amount under statutory formula	263,800.00	<u>.</u>	
	2. Enter amount of gross receipts from space K	159,181.00	<u>.</u>	
	3. Subtract line 2 from line 1	104,619.00		
	4. Enter the amount of gross receipts from space K	<b>\$</b>	159,181.00	
	5. Enter the amount from line 3	<b>\$</b>	104,619.00	
	6. Subtract line 5 from line 4	\$	54,562.00	
	7. Multiply line 6 by .005 (enter figure here)		\$	272.81
	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		\$	272.81
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (bu	t 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			
	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)	. \$	272.81	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<b>\$</b>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	292.81
	Important: Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form f	-		hts!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CoBridge Broadband, LLC	SYSTEM ID# 5891
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 .         2. Enter the total number of activated channels on which the cable system carried television broadcast stations .         and nonbroadcast services .	12 343
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)         Name       Melinda Lahmann	573-468-1216
Information	Address           64 N Clark         Cooprisition           Number, street, rural route, apartment, or suite number)         Sullivan, MO 63080           (City, town, state, zip)         City, town, state, zip)	
O Certification	Email       melinda.lahmann@fidelitycommunications.com       Fax (optional)         CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)         • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space         (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or         X       (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov 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 hereia 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)]	system 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	

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

ounting Period: 2017/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Bridge Broadband, LLC	589
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"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."</li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	_
Name     Name       Mailing Address     Mailing Address	
Mailing Address Mailing Address	
I	
INTEREST ASSESSMENT	
Very must complete this understation to conclude a constant of the second s	
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
	Q
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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 Assessme
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 Assessme
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 Assessme
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 Assessme
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 Assessme
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 Assessme
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 Assessme
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 Assessme
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 Assessme
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 Assessme
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 Assessme
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 Assessme
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 Assessme
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 Assessme
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 Assessme
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 Assessme
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 Assessme

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