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				
2/26/2019	\$ 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	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
		20182 Barcode Data Filing Period (optional - see instructions)							
Accounting 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 Telecom, 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	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these							
	names	s 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	1	IDENTIFICATION OF CABLE SYSTEM:							
		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.

Name Control Covered C		LEGAL MANE OF OWNER OF GARLE OVERTER	FORM SA1-2E. PAG					
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE  West Plains MO  Howell County MO	Name		SYSTEM					
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE  West Plains MO Howell County MO								
discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE  West Plains MO Howell County MO	_							
as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE  West Plains MO Howell County MO	D							
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE  West Plains MO  Howell County MO								
Served identified city.  CITY OR TOWN STATE  First West Plains MO  Community Howell County MO								
CITY OR TOWN STATE  First West Plains MO  Community Howell County MO								
First West Plains MO Community Howell County MO	Served	identified city.						
First West Plains MO Community Howell County MO								
First West Plains MO Community Howell County MO		CITY OF TOWN	STATE					
Community Howell County MO	Fire							
Rosa Necasia		rioweii County	INIO					
	Rows as Necessary							

Accounting Period: 2018/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CoBridge Telecom, LLC

SYSTEM ID# 22185

# 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:			
<ul> <li>Service to first set</li> </ul>	951	34.99	
<ul> <li>Service to additional set(s)</li> </ul>			
• FM radio (if separate rate)			
Motel, hotel	3	12.00	
Commercial	14	13.00	
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			
<ul> <li>Pay cable</li> </ul>	рр	Motel, hotel	\$80/hr	Tier	48.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	\$80/hr	Tier	10.00
<ul> <li>Fire protection</li> </ul>		Pay cable		Digital Basic	12.00
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel		Digital Tier	7.99
Installation: Residential		Fire protection			
First set	\$80/hr	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	\$25		
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2018/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 22185

### CoBridge Telecom, 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
К38НЕ	38.1	l	WEST PLAINS, MO
KKAP	36.1	l	LITTLE ROCK, AR
KOLR	10.1	N	SPRINGFIELD, MO
KOZK	21.1	E	SPRINGFIELD, MO
KOZL	27.1	<u> </u>	SPRINGFIELD, MO
KRBK	49.1	N	OSAGE BEACH, MO
KRBK-DT2	49.2	I-M	OSAGE BEACH, MO
KRBK-DT3	49.3	I-M	OSAGE BEACH, MO
KSPR	33.1	N	SPRINGFIELD, MO
KSPR-DT2	33.2	I-M	SPRINGFIELD, MO
KSPR-DT3	33.3	I-M	SPRINGFIELD, MO
KYTV	3.1	N	SPRINGFIELD, MO
KYCW-DT2	3.2	I-M	SPRINGFIELD, MO
KYCW-DT3	25.3	I-M	SPRINGFIELD, MO

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CoBridge Telecom, LLC

22185

### 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 Period:	2018/2			FORM S	41-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CoBridge Telecom, LLC			S	YSTEM ID: 2218
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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 in	system's tion of how	secondary tran	nsmission service nis amount, see	6,074.00
Copyright Royalty Fee					
	BLOCK 1: GROSS RECEIPTS OF \$137	•		a this six asseth	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y ree that	you must pay to	or this six-month	
	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 lin	nes 1 and	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but m	nore than \$137	<b>7</b> ,100)	
	Base amount under statutory formula	\$	263,800.00	<u> </u>	
	Enter amount of gross receipts from space K	\$	216,074.00	<u> </u>	
	3. Subtract line 2 from line 1	\$	47,726.00	<u> </u>	
	Enter the amount of gross receipts from space K		\$	216,074.00	
	5. Enter the amount from line 3		\$	47,726.00	
	6. Subtract line 5 from line 4		\$	168,348.00	
	7. Multiply line 6 by .005 (enter figure here)			\$	841.74
	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		\$	841.74
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (bu	t less than \$52	27,600)	
	Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula			<del>-</del>	
	3. Subtract line 2 from line 1			<del>_</del>	
	4. Multiply line 3 by .01				
	Royalty due on the first \$263,800 of gross receipts (under statutory formula)				
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6		·	
	FILING FEE AND TOTAL REMITTANCE DU	ΙE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	841.74	
Due	Filing Fee (See the instructions for more information on filing fee calculations).		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	861.74
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		_		jhts!

Accounting Period:	2018/2				FORM SA1-2E. PAGE 7			
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM: com, LLC			SYSTEM ID# 22185			
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.  332							
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accoun	INFORMATION IS NEEDED (Identify an	ndividual to whom				
for Further Information	Name	Melinda Lahmann		Telephone 573-4	468-1216			
	Address	64 N Clark (Number, street, rural route, apartr	it, or suite number)					
		Sullivan, MO 63080 (City, town, state, zip)						
	Email	melinda.lahman	ngfidelitycommunications.com	Fax (optional)				
0			be certified and signed in accordance with	Copyright Office regulations)				
Certification		ed, hereby certify that (Check on	nership) I am the owner of the cable system	as identified in line 1 of space B; or				
			n or partnership) I am the duly authorized a er is not a corporation or partnership; or	gent of the owner of the cable system as	s identified			
		eer or partner) I am an officer (if line 1 of space B.	corporation) or a partner (if a partnership) of	the legal entity identified as owner of the	e cable system			
		e, and correct to the best of my	eby declare under penalty of law that all state owledge, information, and belief, and are mad					
			X /s/ Carla Cooper					
			nter an electronic signature on the line above t nter signature using an "/s/ signature" (e.g., /s					
		Typed or printed	ame: Carla Cooper					
		Title: (Title of o	ice President of Finance al position held in corporation or partnership)					
		Date:		2/29/2019				

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ccounting Period: 2018/2	FORM SA1-2E. PAGE 8
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
oBridge Telecom, LLC	22185
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 Name Mailing Address	
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	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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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