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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	08/22/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
	BY THIS STATEMENT: (Y)	(VV/(Period))	

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20191 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 (C(ty, town, state, zip)
С		<b>CUCTIONS:</b> 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	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 fing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CoBridge Telecom, LLC	3569
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha	mmunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single,
•	as the "first community." Please use it as the first community on all future film Note: Entities and properties such as hotels, apartments, condominiums, or m	ngs.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Nevada	MO
Community	Vernon County (portion)	MO
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM IC
Name	CoBridge Telecom, LLC							010	356
		,							
Е	SECONDARY TRANSMISSION In General: The information in s			-	-	/ transmission s	envice of t	ne cable	
—	system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•							
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				y Stanuai		s within a p		
	Block 1: In the left-hand block	in space E, the	e form lis	ts the categorie					
	systems most commonly provide								
	that applies to your system. <b>Note</b> categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o	once again und	er "Servio	ce to additional	set(s)."				
	Block 2: If your cable system								
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		, nghi na						
	BLC	OCK 1 NO. OF					BLOCK	K 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		1,188	36.99					
	Service to additional set(s)								
	• FM radio (if separate rate)			40.50					
	Motel, hotel		3	13.50					
	Commercial Converter		· · ·	13.50					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat	•	,			, ,			
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services						• • •		
Other Than	amount of the charge and the un		usually b	illed. If any rate	es are ch	arged on a varia	able per-pr	ogram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable	system for eacl	h of the a	onlicable servic	es listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a				ned. List	these other serv	vices in the	form of a	
	brief (two- or three-word) descrip	otion and includ	le the rat	e for each.					
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:     Pay cable	nn		el, hotel	lential	\$80/hr	Tier		53.
	Pay cable—add'l channel	рр		imercial		\$80/hr	Tier		13.
	• Fire protection		• Pay			φ00/11	Digital	Basic	12.0
			,	cable-add'l cha	nnel		Digital		7.9
	<ul> <li>Burglar protection</li> </ul>		,		-				
	•Burglar protection Installation: Residential		<ul> <li>Fire</li> </ul>	protection					
	<b>3</b> 1	\$80/hr		protection lar protection					
	Installation: Residential	\$80/hr		lar protection					
	Installation: Residential • First set	\$80/hr	• Burg Other se	lar protection		\$25			
	Installation: Residential • First set • Additional set(s)	\$80/hr	• Burg Other so • Reco	lar protection		\$25			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	\$80/hr	• Burg Other so • Reco • Disc	lar protection ervices:		\$25			

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE
ime				
	-			
G nary nitters: vision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, V <b>Column 3:</b> Indicate in eacl educational station, by entu (for independent multicast) For the meaning of these t <b>Column 4:</b> Give the location	em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. <b>s:</b> With respect to any distant stations ca rules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the the form. hel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. h case whether the station is a network s ering the letter "N" (for network), "N-M" ( ), "E" (for noncommercial educational), o erms, see page (iv) of the general instru on of each station. For U.S. stations, list	(1) stations carried only on a part- e carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a su the Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ESI -air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial hendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КСРТ	19.1	E	KANSAS CITY, MO
	KFJX	14.1	N	PITTSBURG, KS
	KE.IX-DT2	14.2	I-M	PITTSBURG. KS
Necessary				
Necessary	KOAM	7.1	N	PITTSBURG, KS
lecessary		7.1 12.1	N N	
lecessary	KOAM			PITTSBURG, KS
Necessary	KOAM KODE	12.1	N	PITTSBURG, KS JOPLIN, MO
Necessary	KOAM KODE KSHB	12.1 41.1	N N	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO
lecessary	KOAM KODE KSHB KSNF	12.1 41.1 16.1	N N N	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO JOPLIN, MO
Necessary	KOAM KODE KSHB KSNF KSNF-DT2	12.1 41.1 16.1 16.2	N N N I-M	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO JOPLIN, MO JOPLIN, MO
s Necessary	KOAM KODE KSHB KSNF KSNF-DT2 KSNF-DT3	12.1 41.1 16.1 16.2 16.3	N N N I-M I-M	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO
s Necessary	KOAM KODE KSHB KSNF KSNF-DT2 KSNF-DT3	12.1 41.1 16.1 16.2 16.3	N N N I-M I-M	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO
s Necessary	KOAM KODE KSHB KSNF KSNF-DT2 KSNF-DT3	12.1 41.1 16.1 16.2 16.3	N N N I-M I-M	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO
is Necessary	KOAM KODE KSHB KSNF KSNF-DT2 KSNF-DT3	12.1 41.1 16.1 16.2 16.3	N N N I-M I-M	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO
as Necessary	KOAM KODE KSHB KSNF KSNF-DT2 KSNF-DT3	12.1 41.1 16.1 16.2 16.3	N N N I-M I-M	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO
as Necessary	KOAM KODE KSHB KSNF KSNF-DT2 KSNF-DT3	12.1 41.1 16.1 16.2 16.3	N N N I-M I-M	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO
as Necessary	KOAM KODE KSHB KSNF KSNF-DT2 KSNF-DT3	12.1 41.1 16.1 16.2 16.3	N N N I-M I-M	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO
as Necessary	CoBiridge Telecom, LLC           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 are used in the next paragraph.           uters:         austifue Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, as explained in the next paragraph.           using the station here, and also in space I, if the station was carried only on a substitute basis.         • Do not 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, WRO it 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. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian station. For U.S. stations, list the community of which the station is identifi	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO		
as Necessary	KOAM KODE KSHB KSNF KSNF-DT2 KSNF-DT3	12.1 41.1 16.1 16.2 16.3	N N N I-M I-M	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO
as Necessary	KOAM KODE KSHB KSNF KSNF-DT2 KSNF-DT3	12.1 41.1 16.1 16.2 16.3	N N N I-M I-M	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO
as Necessary	KOAM KODE KSHB KSNF KSNF-DT2 KSNF-DT3	12.1 41.1 16.1 16.2 16.3	N N N I-M I-M	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO
as Necessary	KOAM KODE KSHB KSNF KSNF-DT2 KSNF-DT3	12.1 41.1 16.1 16.2 16.3	N N N I-M I-M	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO JOPLIN, MO JOPLIN, MO JOPLIN, MO

EGAL NAME OF			(SIEM:					SYSTEM II 35
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
eceivable if (1) on the basis of For detailed infor paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation abour m. dentify the call tate whether f the radio stat this by placing tive the station	y the sys be recein at the Co l sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on 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	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral 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	
		5,0		UNEL SIGN		3,0		
		+						

Accounting Perio	d: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CoBridge Telecom, LL	С						3569
	SUBSTITUTE CARRIAGI				G			
I I	In General: In space I, identi		-		-	ion that your a	abla aveta	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN					<u></u>		
Special	During the accounting per					work tolovicio	n program	
Statement and		-	r cable system	carry, on a substitute basi	s, any nonne			
Program Log	broadcast by a distant star	tion?					YES	X NO
	Note: If your answer is "No'	', leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete th	ne prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				wherever pos	sible, if their m	neaning is	
	clear. If you need more spa							
				sion program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori							
	"NBA Basketball: 76ers vs.			p p3			,	
				"Yes." Otherwise enter "N				
				sting the substitute progra				
	the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute			h the mon	nth
	first. Example: for May 7 giv		inion your eye		orogram. ooo	numerale, m		
			substitute pro	gram was carried by your	cable system.	List the times	accuratel	ly
	to the nearest five minutes.	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	uld be	
	stated as "6:00–6:30 p.m."							-
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							
	effect on October 19, 1976.		,	•		0		
						N SUBSTITU		
	S		E PROGRAM			AGE OCCUF 6. TIM		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM —	TO	
						_		
						_		
						_		
						_		
						_		
						_		
						_		
						_		
1								

Accounting Period:	2019/1		FORM S	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CoBridge Telecom, LLC		ę	SYSTEM ID 3569
K	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the an all amounts (gross receipts) paid to your cable system by subscribers for the system's	secondary trans	mission servi	of
Gross Receipts	(as identified in space E) 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.			51,928.00
	<b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.			ross 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more information	than \$527,600	\$263,800	
	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 accounting period is \$52.00	you must pay for	this six-month	1
	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	2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m	ore than \$137,	100)	
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K	251,928.00		
	3. Subtract line 2 from line 1	11,872.00		
	4. Enter the amount of gross receipts from space K	. \$ 2	251,928.00	
	5. Enter the amount from line 3	\$	11,872.00	
	6. Subtract line 5 from line 4	\$ 2	40,056.00	
	7. Multiply line 6 by .005 (enter figure here)		\$	1,200.28
	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		\$	1,200.28
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	t less than \$527	7,600)	
	1. Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1			
	4. Multiply line 3 by .01			
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	. \$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		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)	. \$	1,200.28	
Duc	2. 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		\$	1,220.28
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo	-		ghts!

Name         Codiridge Telecon, LLC           M         Channels         Channels         Improvident Statute of channels on which the cable system carried television broadcast stations           Individual to the statute of channels on which the cable system carried television broadcast stations         10           2. Enter the total number of channels on which the cable system carried television broadcast stations         320           N         Individual to the cable system carried television broadcast stations         320           N         Individual to the cable system carried television broadcast stations         320           N         Individual to the cable system carried television broadcast stations         320           N         Individual to the cable system carried television broadcast stations         320           N         Individual to the cable system carried television broadcast stations         320           N         Individual to the cable system carried television broadcast stations         320           Name         Melinda Lahmann         Telephone 572-4651-1216           Number statistic system carried television broadcast stations         320           Offer them broadcast system carried television broadcast stations         320           Marker Sistem Broadcast System carried television broadcast stations         320           Norephotocastrestand television broadcastelevision broadcast stations	Accounting Period:	2019/1					FORM SA1-2E. PAGE 7
M       Instructions: You must give (1) the number of characted on within the cable system carried blevision broadcast stations:         10       Instructions: You must give (1) the number of characted on within the cable system carried blevision broadcast stations:         10       Instructions: You must give (1) the cable system's tobin number of charactest during broadcast stations:         11       Instructions: You must give (1) the cable system's tobin number of charactest stations:         11       Instructions: You must give (1) the cable system's tobin number of charactest stations:         12       Instructions of charactest stations:       320         N       Instructions: You must give (1) the number of charactest station:       320         N       Instructions: You must give (1) the number of charactest station:       320         N       Instructions: You must give (1) the number of charactest station:       320         N       Instructions: You must give (1) the number of charactest station:       320         N       Instructions: You must give (1) the number of charactest station:       320         N       Instructions: You must give (1) the number of charactest station:       320         N       Instructions: Too must give (1) the number of charactest station:       320         N       Instructions: Too must give (1) the number of charactest station:       320         N       Instructions: Too mu	Name						SYSTEM ID# 3569
Individual to Be Contacted for Further Information       Name       Melinda Lahmann       Telephone       573-468-1216         Address       64 N Clark (Number, short rule route, agentherit, or sulte number)       Sullivan, MO 53080 (Cay, town, state, ray)         Email       melinda lahmann@itdelitycommunications.com       Fax (optional)         Certification       - It the undersigned, hereby certify that (Check one, but only one, of the boxes.)         O       - It the undersigned, hereby certify that (Check one, but only one, of the boxes.)         O (Owner other than corporation or partnership) 1 am the duy authorized agent of the owner of the cable system as identified in the 1 of space B and that the owner in a corporation or partnership) 1 am the duy authorized agent of the owner of the cable system in the 1 of space B and that the owner in a corporation or partnership) 1 am the duy authorized agent of the owner of the cable system in the 1 of space B and that the owner in a corporation or partnership) 1 am the duy authorized agent of the owner of the cable system in the 1 of space B and that the owner in a corporation or partnership) of the legal entity identified as owner of the cable system in the 1 of space B.         • I have examined the statement of accound and hereby declare under parather (if a partnership) of the legal entity identified as owner of the cable system in the 1 of space B.         • I have examined the statement of accound and hereby declare under parather (if a partnership) of the legal entity identified as owner of the cable system in the 1 of space B.         • I have examined the statement of accound and herethy declare under parather (if a partnership)		Instructions: to its subscrib 1. Enter the to system carri 2. Enter the to on which the	ers, and (2) the cable system's otal number of channels on whic ied television broadcast stations otal number of activated channel e cable system carried television	total number ch the cable s els n broadcast st	of activated channels during the accounting period.		
Information       Address       64 N Clark         Modress       64 N Clark         Sullivan, MO 63080       Sullivan, MO 63080         (City, town, state, zep)       Email         Email       melinda.lahmann@fidelitycommunications.com       Fax (optional)         O       Certification       - 1. the undersigned, hereby certify that (Check one, but only one, of the boxes.)         -       - 1. the undersigned, hereby certify that (Check one, but only one, of the boxes.)         -       - (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or         -       - (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B.         -       Note of owner other than corporation or partnership) I am the duly authorized agent of the legal entity identified as owner of the cable system as identified in line 1 of space B.         -       Note of owner other than corporation or a partner (f a partnership) of the legal entity identified as owner of the cable system as identified in line 1 of space B.         -       Note of space B.       -	Individual to Be Contacted	we can conta	ct about this statement of accou		IATION IS NEEDED (Identify an individual to whom		573-468-1216
(Winner: street, turid roads, spartmant, or subs number)         Sullivan, MO< 63030		Name					573-400-1210
Certification       CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)         • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         • 0         • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         • 1, the undersigned, hereby certify that (Check one, but only one, of the cable system as identified in line 1 of space B; or         • 1, the undersigned of owner other than corporation or partnership) 1 am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or         • 1 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(1980)]         Exercise 1001(1980)       Exercise 1001(1980)         Market 1001(1980)       Exercise 1001(1980)         Typed or printed name:       Carla Cooper         Title:       Vice President of Finance         (The of official position hed in corporation or partnership).		Address	(Number, street, rural route, apar Sullivan, MO 63080		umber)		
O         Certification       • 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 B; or         Image:		Email	melinda.lahma	ann@fidelityc	communications.com Fax (optional)		
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)	-	I, the undersi     (Ow     (Ag     X     (Of     I have examinare true, comp	gned, hereby certify that (Check o mer other than corporation or p ent of owner other than corpora in line 1 of space B and that the o ficer or partner) I am an officer ( in line 1 of space B. hed the statement of account and lete, and correct to the best of my	one, <i>but only o</i> <b>partnership)</b> I <b>ration or partn</b> owner is not a (if a corporatio I hereby declar y knowledge, in	<i>ne</i> , of the boxes.) am the owner of the cable system as identified in line <b>hership)</b> I am the duly authorized agent of the owner of corporation or partnership; or n) or a partner (if a partnership) of the legal entity iden re under penalty of law that all statements of fact contain formation, and belief, and are made in good faith.	1 of space B; f the cable sys tified as owne	stem as identified
			Title:	Enter an ele Enter signat ed name: <b>Vice Pre</b>	ctronic signature on the line above to certify this statem ure using an "/s/ signature" (e.g., /s/ John Smith) Carla Cooper esident of Finance	nent.	
Date: 8/22/2019			Date:		8/22/2015	9	

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 t 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 lay

unting Period: 2019/1		FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM I
Bridge Telecom, LLC		356
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCL The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), or lowing sentence: "In determining the total number of subscribers and the gross amounts particles are of providing secondary transmissions of primary broadcast transmissions and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmissions and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmissions of primary broadcast transmissions and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmissions of primary broadcast transmissions and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmissions of primary broadcast transmissions and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmissions and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmissions and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmissions of primary broadcast transmissions and amounts collected from subscribers receiving secondary transmissions of primary broadcast transmissions o	of the Copyright Act by adding the fol- aid to the cable system for the basic nitters, the system shall not include sub- namissions pursuant to section 119." (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	\$	
Name Name Name Mailing Address	5	
INTEREST ASSESSMENT		
You must complete this worksheat for those revelty neumonts submitted as a re-		
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