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 COPYRIGE	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	08/22/2019	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab of this workbook	06/22/2019	ALLOCATION NUMBER	Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED I	BY THIS STATEMENT: (Y)	(YY/(Period))	

~	ACCO	OUNTING 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			
	_	Instructions:	
В		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.	1
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CoBridge Broadband, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Fidelity Cablevision, Inc.	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		64 N Clark	
		(Number, street, rural route, apartment, or suite number)	
		Sullivan, MO 63080 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless are already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
D	<b>CoBridge Broadband, LLC</b> Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filir	ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	
	CITY OR TOWN	STATE
First Community	Harrisonville	MO
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						TEM ID
Name	CoBridge Broadband, L						0.0	589
Е	SECONDARY TRANSMISSION			-				
E	In General: The information in s							
Secondary	system, that is, the retransmission about other services (including p							
Transmission	last day of the accounting period							
Service: Sub-	Number of Subscribers: Both					le system	, broken	
scribers and	down by categories of secondary							
Rates	each category by counting the nu separately for the particular service						charged	
	Rate: Give the standard rate c						e and the	
	unit in which it is generally billed.							
	category, but do not include disc							
	Block 1: In the left-hand block							
	systems most commonly provide that applies to your system. Note							
	categories, that person or entity							
	subscriber who pays extra for ca							
	first set" and would be counted o							
	Block 2: If your cable system I printed in block 1 (for example, ti							
	with the number of subscribers a							
	sufficient.	, .	3					
	BLC	OCK 1 NO. OF	:			BLOC	K 2 NO. OF	T
	CATEGORY OF SERVICE	SUBSCRIB		TE CAT	TEGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:							
	Service to first set		740	36.99				
	<ul> <li>Service to additional set(s)</li> </ul>							
	• FM radio (if separate rate)							
	Motel, hotel		3	14.00				
	Commercial		1	11.00				
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS	RATES				
F	In General: Space F calls for rat		,		, ,			
F	not covered in space E, that is, the							
Services	service for a single fee. There ar furnished at cost or (2) services (	•		•		• • • •		
Other Than	amount of the charge and the un							
Secondary	enter only the letters "PP" in the	rate column.		-	-		0	
ransmissions: Rates	Block 1: Give the standard rat						wara nat	
Rales	Block 2: List any services that listed in block 1 and for which a s							
	brief (two- or three-word) descrip	•						
		BLO	СК 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY	OF SERVICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installation:	Non-residential				
	• Pay cable	рр	<ul> <li>Motel, hot</li> </ul>	el	\$80/hr	Tier		53.0
	<ul> <li>Pay cable—add'l channel</li> </ul>		Commerce	ial	\$80/hr	Tier		13.0
	Fire protection		<ul> <li>Pay cable</li> </ul>			Digital		12.0
	•Burglar protection		Pay cable	-add'l channel		Digital		7.9
	Installation: Residential		Fire prote	ction		HD Tie	r	5.0
	First set	\$80/hr	• Burglar pr	otection				
	<ul> <li>Additional set(s)</li> </ul>		Other service	es:				
	• FM radio (if separate rate)		Reconnect	t	\$25			
	• Converter		Disconnect	ct				
	· · · /		Disconnec     Outlet relo					

				FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	CoBridge Broadband	,		589
G Primary nsmitters: elevision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(disubstitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC rule. Do not list the station here, station was carried only on • List the station here, and a basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	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-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for independent actions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КСРТ	19.1	E	KANSAS CITY, MO
	ксти	5.1	N	KANSAS CITY, MO
		<b>F A</b>		
ows as Necessary	KCTV-DT2	5.2	I-M	KANSAS CITY, MO
ows as Necessary	KCTV-DT2 KCWE	29.1	I-M	KANSAS CITY, MO KANSAS CITY, MO
ows as Necessary			i N	·····
vs as Necessary	KCWE	29.1	<u>l</u>	KANSAS CITY, MO
ws as Necessary	KCWE KMBC	29.1 9.1	I N	KANSAS CITY, MO KANSAS CITY, MO
ws as Necessary	KCWE KMBC KMBC-DT2	29.1 9.1 9.2	I N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
vs as Necessary	KCWE KMBC KMBC-DT2 KMCI	29.1 9.1 9.2 38.1	I N I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS
ows as Necessary	KCWE KMBC KMBC-DT2 KMCI KMOS	29.1 9.1 9.2 38.1 6.1	I N I-M	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO
ws as Necessary	KCWE KMBC KMBC-DT2 KMCI KMOS KPXE	29.1 9.1 9.2 38.1 6.1 50.1	I N I-M I E I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO
ws as Necessary	KCWE KMBC KMBC-DT2 KMCI KMOS KPXE KSHB	29.1 9.1 9.2 38.1 6.1 50.1 41.1	I N I-M I E I I N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO
ws as Necessary	KCWE KMBC KMBC-DT2 KMCI KMOS KPXE KSHB KSMO	29.1 9.1 9.2 38.1 6.1 50.1 41.1 62.1	I N I-M I E I I N I	KANSAS CITY, MOKANSAS CITY, MOKANSAS CITY, MOLAWRENCE, KSSEDALIA, MOKANSAS CITY, MOKANSAS CITY, MOKANSAS CITY, MOKANSAS CITY, MO
ows as Necessary	KCWE KMBC KMBC-DT2 KMCI KMOS KPXE KSHB KSHB KSMO WDAF	29.1 9.1 9.2 38.1 6.1 50.1 41.1 62.1 4.1	I N I-M I E I I N I N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
ows as Necessary	KCWE KMBC KMBC-DT2 KMCI KMOS KPXE KSHB KSHB KSMO WDAF	29.1 9.1 9.2 38.1 6.1 50.1 41.1 62.1 4.1	I N I-M I E I I N I N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
ows as Necessary	KCWE KMBC KMBC-DT2 KMCI KMOS KPXE KSHB KSHB KSMO WDAF	29.1 9.1 9.2 38.1 6.1 50.1 41.1 62.1 4.1	I N I-M I E I I N I N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
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ows as Necessary	KCWE KMBC KMBC-DT2 KMCI KMOS KPXE KSHB KSHB KSMO WDAF	29.1 9.1 9.2 38.1 6.1 50.1 41.1 62.1 4.1	I N I-M I E I I N I N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO
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ows as Necessary	KCWE KMBC KMBC-DT2 KMCI KMOS KPXE KSHB KSHB KSMO WDAF	29.1 9.1 9.2 38.1 6.1 50.1 41.1 62.1 4.1	I N I-M I E I I N I N	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	owner of c <b>oadband,</b> l		/STEM:					SYSTEM II 58
	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 a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried b monitoring, to prmation abourm. Mentify the call tate whether the radio stat 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 the community with which the the community with which the the community with which the community communit	It the system's he system's FM ante this point, see pa sed by the cable s he 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 leneral 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	

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CoBridge Broadband,	LLC						5891
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, identi		-		-	ion, that your	cable syste	m carried on a
	substitute basis during the a	ccounting p	eriod, under spe	ecific present and former FC	C rules, regul	ations, or aut	thorizations.	For a further
Substitute	explanation of the programm				e general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	<ul> <li>During the accounting per</li> </ul>	-	ir cable system	carry, on a substitute basi	s, any nonne	twork televis	ion program	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mι	ist complete	the program	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if their	meaning is	
	clear. If you need more spa Column 1: Give the title			ision program ("substitute	orogram") tha	t. durina the	accounting	
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of	another stat	tion
	under certain FCC rules, re							า.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	i titles, for exa	ample, "I Lov	ve Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra			500 ·	
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			vith the mor	nth
	first. Example: for May 7 giv							
	Column 6: State the time to the nearest five minutes.			gram was carried by your				ly
	stated as "6:00–6:30 p.m."		a program cam	ed by a system nom 0.01.	15 p.m. to 0.2	o.ou p.m. sn		
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa	s permitted to delete unde	I FUU TUIES a	nu regulatio	115 111	
	s	UBSTITUT	TE PROGRAM	1		N SUBSTI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
						-	_	
			1				_	
							-	
						-	_	
						-	_	
						-	_	
							_	

ccounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:				A1-2E. PAGE
Name	CoBridge Broadband, LLC				58
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fil all amounts (gross receipts) paid to your cable system by subscribers for tt (as identified in space E) during the accounting period. For a further explar 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.	ne system' ation of h	's secondary tran ow to compute th	smission servie is amount, see	ce
	IMPORTANT: You must complete a statement in space P concerning gros			(Amount of gr	•
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,1</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,8</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more</li> </ul>	00 but les	s than \$527,600	9 \$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$1	37,100 O	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the roy accounting period is \$52.00	alty fee tha	at you must pay fo	r this six-month	
	Line 1. Royalty fee for accounting period				
				·	0.00
	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 an	d 2	· · · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR L	ESS (but	more than \$137	,100)	
	1. Base amount under statutory formula	. \$	263,800.00	-	
	2. Enter amount of gross receipts from space K	. \$	161,647.00	-	
	3. Subtract line 2 from line 1	\$	102,153.00	-	
	4. Enter the amount of gross receipts from space K		\$	161,647.00	
	5. Enter the amount from line 3		\$	102,153.00	
	6. Subtract line 5 from line 4		\$	59,494.00	
	7. Multiply line 6 by .005 (enter figure here)			\$	297.47
	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 .		\$	297.47
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$2	63,800 (b	out less than \$52	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	
	<ol> <li>Interest charge. Enter the amount from line 4, space Q, page 8</li> </ol>			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4. 5. and	6		
			-		
	FILING FEE AND TOTAL REMITTANCE [	JUE			
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	297.47	
otal Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations	:)	\$	20.00	
		,,	Ψ	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 .			\$	317.47
	Important: Your remittance must be in the form of an electronic pa	yment pa	vable to the Regi	ster of Copyrid	ghts!

Accounting Period:	2019/1						FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: oadband, LLC					SYSTEM ID# 5891
M Channels	<ol> <li>to its subscrib</li> <li>1. Enter the to system carri</li> <li>2. Enter the to on which the</li> </ol>	You must give (1) the number of ers, and (2) the cable system's to ital number of channels on which ed television broadcast stations . ital number of activated channels e cable system carried television in idcast services	total numb h the cabl s broadcas	ber of activated channels	during the accounting peri		13 339
N Individual to Be Contacted	we can contac	TO BE CONTACTED IF FURTH to about this statement of accoun		RMATION IS NEEDED	(Identify an individual to wh		573-468-1216
for Further Information	Name					Telephone	573-406-1210
	Address	64 N Clark (Number, street, rural route, apartm	ment, or su	ite number)			
		Sullivan, MO 63080 (City, town, state, zip)					
	Email	melinda.lahman	nn@fidel	itycommunications.com	n Fax (optior	nal)	
	CERTIFICATIO	N (This statement of account mu	ust he ce	tified and signed in acco	ordance with Copyright Offic	ce regulations)	
O Certification	• I, the undersig	ned, hereby certify that (Check on	ne, <i>but on</i>	<i>ly one</i> , of the boxes.)			or
		ent of owner other than corporat in line 1 of space B and that the ov				er of the cable sy	stem as identified
	X (Of	ficer or partner) I am an officer (if in line 1 of space B.	f a corpor	ation) or a partner (if a pa	rtnership) of the legal entity in	dentified as own	er of the cable system
	are true, comp	ned the statement of account and h lete, and correct to the best of my l ction 1001(1986)]	-			ontained herein	
				-	e line above to certify this sta :ure" (e.g., /s/ John Smith)	tement.	
		Typed or printed	1 name:	Carla Cooper			
		Title: (Title of of		President of Finan on held in corporation or part			
		Date:			8/22/2	019	

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

Inting Period: 2019/1		FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM II
ridge Broadband, LLC		589
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIN The Satellite Home Viewer Act of 1988 amended Title 17, section 11 lowing sentence:         <ul> <li>"In determining the total number of subscribers and the gross service of providing secondary transmissions of primary broad scribers and amounts collected from subscribers receiving se</li> </ul> </li> <li>For more information on when to exclude these amounts, see the no located in the paper SA1-2 form.     </li> <li>During the accounting period, did the cable system exclude any amo made by satellite carriers to satellite dish owners?         <ul> <li>X</li> <li>NO</li> </ul> </li> </ul>	1(d)(1)(A), of the Copyright Act by adding the fol- amounts paid to the cable system for the basic dcast transmitters, the system shall not include sub- condary transmissions pursuant to section 119." te on page (vii) of the general instructions unts of gross receipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	<b>\$</b>	
	NameMailing Address	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submi For an explanation of interest assessment, see page (viii) of the gene		Q
	eral instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the gene	eral instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the gene	x	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the gene Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the gene Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here	x	Q Interest Assessmen
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