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 COPYRIGH	T 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
Λ			

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20191 Barcode Data Filing Period (optional - see instructions)	
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	
		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)	
		(Number, sueet, funal 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CoBridge Telecom, LLC	5892
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor 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 future	"community" is the same as a "community unit" as defined in FCC rules: porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, identified city.	
	CITY OR TOWN	STATE
First	El Dorado Springs	MO
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1	TEM IC
Name	CoBridge Telecom, LLC							010	589
		, 							
Е	SECONDARY TRANSMISSION			-	-				
	In General: The information in s 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. Note categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system I printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.								
	BLC	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	• Service to first set		269	36.99					
	Service to additional set(s)		209	30.99					
	• FM radio (if separate rate)								
	Motel, hotel		1	14.00					
	Commercial		7	16.50					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: 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		ha aabla	avatam far aga	h of the c		on linted		
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
	listed in block 1 and for which a				ned. List	these other serv	rices in the	form of a	
	brief (two- or three-word) descrip	otion and includ	le the rat	e for each.			1		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SERV tion: Non-resid		RATE	CATEG	ORY OF SERVICE	RAT
	Pay cable	рр		el, hotel	lentiai	\$80/hr	Tier		53.
	• Pay cable—add'l channel	PP		mercial		\$80/hr	Tier		13.
	Fire protection			cable		<i> </i>	Digital	Basic	12.
	•Burglar protection		,	cable-add'l cha	innel		Digital		7.
	Installation: Residential		,	protection			T		
	First set	\$80/hr	• Burg	lar protection					
	 Additional set(s) 		Other s	ervices:					
	 FM radio (if separate rate) 		• Rec	onnect		\$25			
	Converter		• Disc	onnect					
	• Converter		• Outl	onnect et relocation e to new addres					

lame	LEGAL NAME OF OWNER O CoBridge Telecom, L			SYSTEM ID 589
	PRIMARY TRANSMITTERS:			
G mary smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatii Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eacl educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	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	(1) stations carried only on a part-ti e carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruction orgram services such as HBO, ESP -air designation. For example, repo- vision station for broadcasting over the station, an independent station, or a for network multicast), "I" (for indepen- er "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a bastitute program Log)—if the o on some other ons. PN, etc. Identify each ort multistream the air in its community 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
	КОАМ	7.1	N	PTTSBURG, KS
	KOLR	10.1	Ν	SPRINGFIELD. MO
Necessary	KOLR KOZK	<u>10.1</u> 21.1	N E	SPRINGFIELD, MO SPRINGFIELD, MO
ecessary				SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO
ecessary	KOZK	21.1		SPRINGFIELD, MO SPRINGFIELD, MO
ecessary	KOZK KOZL	21.1 27.1	E	SPRINGFIELD, MO
Vecessary	KOZK KOZL KOZL-DT2	21.1 27.1 27.2	E I I-M	SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO
ecessary	KOZK KOZL KOZL-DT2 KOZL-DT3	21.1 27.1 27.2 27.3	E I I-M I-M	SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO
lecessary	KOZK KOZL KOZL-DT2 KOZL-DT3 KPXE	21.1 27.1 27.2 27.3 50.1	E I I-M I-M	SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO KANSAS CITY, MO
Necessary	KOZK KOZL KOZL-DT2 KOZL-DT3 KPXE KRBK	21.1 27.1 27.2 27.3 50.1 49.1	E I I-M I-M I N	SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO KANSAS CITY, MO OSAGE BEACH, MO
Necessary	KOZK KOZL KOZL-DT2 KOZL-DT3 KPXE KRBK KRBK-DT2	21.1 27.1 27.2 27.3 50.1 49.1 49.2	E i i-M i-M i N i-M	SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO KANSAS CITY, MO OSAGE BEACH, MO OSAGE BEACH, MO
Necessary	KOZK KOZL-DT2 KOZL-DT3 KPXE KRBK KRBK-DT2 KRBK-DT3	21.1 27.1 27.2 27.3 50.1 49.1 49.2 49.3	E I I-M I-M I-M I-M I-M	SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO KANSAS CITY, MO OSAGE BEACH, MO OSAGE BEACH, MO OSAGE BEACH, MO
lecessary	KOZK KOZL KOZL-DT2 KOZL-DT3 KPXE KRBK KRBK-DT2 KRBK-DT3 KSPR	21.1 27.1 27.2 27.3 50.1 49.1 49.2 49.3 33.1	E I I-M I-M I N I-M I-M I-M N	SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO KANSAS CITY, MO OSAGE BEACH, MO OSAGE BEACH, MO OSAGE BEACH, MO SPRINGFIELD, MO
Necessary	KOZK KOZL KOZL-DT2 KOZL-DT3 KPXE KRBK KRBK-DT3 KSPR KSPR-DT2 KSPR-DT3	21.1 27.1 27.2 27.3 50.1 49.1 49.2 49.3 33.1 33.2 33.3	E I I-M I-M I-M I-M I-M I-M I-M I-M	SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO KANSAS CITY, MO OSAGE BEACH, MO OSAGE BEACH, MO OSAGE BEACH, MO SPRINGFIELD, MO SPRINGFIELD, MO
Necessary	KOZK KOZL-DT2 KOZL-DT3 KPXE KRBK KRBK-DT2 KRBK-DT3 KSPR KSPR-DT2 KSPR-DT2 KSPR-DT3 KYTV	21.1 27.1 27.2 27.3 50.1 49.1 49.2 49.3 33.1 33.2 33.3 3.1 33.2	E I I-M I-M I-M I-M I-M I-M I-M I-M I-M N I-M N N	SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO KANSAS CITY, MO OSAGE BEACH, MO OSAGE BEACH, MO OSAGE BEACH, MO SPRINGFIELD, MO
s Necessary	KOZK KOZL KOZL-DT2 KOZL-DT3 KPXE KRBK KRBK-DT3 KSPR KSPR-DT2 KSPR-DT3	21.1 27.1 27.2 27.3 50.1 49.1 49.2 49.3 33.1 33.2 33.3	E I I-M I-M I-M I-M I-M I-M I-M I-M	SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO KANSAS CITY, MO OSAGE BEACH, MO OSAGE BEACH, MO OSAGE BEACH, MO SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO
is Necessary	KOZK KOZL-DT2 KOZL-DT3 KPXE KRBK KRBK-DT2 KRBK-DT3 KSPR KSPR-DT2 KSPR-DT2 KSPR-DT3 KYTV	21.1 27.1 27.2 27.3 50.1 49.1 49.2 49.3 33.1 33.2 33.3 3.1 33.2	E I I-M I-M I-M I-M I-M I-M I-M I-M I-M N I-M N N	SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO KANSAS CITY, MO OSAGE BEACH, MO OSAGE BEACH, MO OSAGE BEACH, MO SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO
as Necessary	KOZK KOZL-DT2 KOZL-DT3 KPXE KRBK KRBK-DT2 KRBK-DT3 KSPR KSPR-DT2 KSPR-DT2 KSPR-DT3 KYTV	21.1 27.1 27.2 27.3 50.1 49.1 49.2 49.3 33.1 33.2 33.3 3.1 33.2	E I I-M I-M I-M I-M I-M I-M I-M I-M I-M N I-M N N	SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO KANSAS CITY, MO OSAGE BEACH, MO OSAGE BEACH, MO OSAGE BEACH, MO SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO
as Necessary	KOZK KOZL-DT2 KOZL-DT3 KPXE KRBK KRBK-DT2 KRBK-DT3 KSPR KSPR-DT2 KSPR-DT2 KSPR-DT3 KYTV	21.1 27.1 27.2 27.3 50.1 49.1 49.2 49.3 33.1 33.2 33.3 3.1 33.2	E I I-M I-M I-M I-M I-M I-M I-M I-M I-M N I-M N N	SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO KANSAS CITY, MO OSAGE BEACH, MO OSAGE BEACH, MO OSAGE BEACH, MO SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO
as Necessary	KOZK KOZL-DT2 KOZL-DT3 KPXE KRBK KRBK-DT2 KRBK-DT3 KSPR KSPR-DT2 KSPR-DT2 KSPR-DT3 KYTV	21.1 27.1 27.2 27.3 50.1 49.1 49.2 49.3 33.1 33.2 33.3 3.1 33.2	E I I-M I-M I-M I-M I-M I-M I-M I-M I-M N I-M N N	SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO KANSAS CITY, MO OSAGE BEACH, MO OSAGE BEACH, MO OSAGE BEACH, MO SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO
5 as Necessary	KOZK KOZL-DT2 KOZL-DT3 KPXE KRBK KRBK-DT2 KRBK-DT3 KSPR KSPR-DT2 KSPR-DT2 KSPR-DT3 KYTV	21.1 27.1 27.2 27.3 50.1 49.1 49.2 49.3 33.1 33.2 33.3 3.1 33.2	E I I-M I-M I-M I-M I-M I-M I-M I-M I-M N I-M N N	SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO KANSAS CITY, MO OSAGE BEACH, MO OSAGE BEACH, MO OSAGE BEACH, MO SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO
as Necessary	KOZK KOZL-DT2 KOZL-DT3 KPXE KRBK KRBK-DT2 KRBK-DT3 KSPR KSPR-DT2 KSPR-DT2 KSPR-DT3 KYTV	21.1 27.1 27.2 27.3 50.1 49.1 49.2 49.3 33.1 33.2 33.3 3.1 33.2	E I I-M I-M I-M I-M I-M I-M I-M I-M I-M N I-M N N	SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO KANSAS CITY, MO OSAGE BEACH, MO OSAGE BEACH, MO OSAGE BEACH, MO SPRINGFIELD, MO SPRINGFIELD, MO SPRINGFIELD, MO

all-band basis v Special Instruct eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: Io Column 2: S Column 3: If isignal, indicate Column 4: G	t every radio s vhose signals ctions Conce it is carried b monitoring, to prmation abou rm. dentify the call state whether f the radio stat this by placing Sive the station	station ca were ge rning Al y the sys be recei- tit the Co l sign of of the static ion's sig g a check n's locati	arried on a separate and discr nerally receivable by your cab I-Band FM Carriage: Under (stem whenever it is received a ived 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	ble system during Copyright Office r t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	the accountin regulations, ar adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	g perioo n FM sig ?) it can ertain st eneral in eparate	d. nal is generally be expected, ated intervals. nstructions in the. and discrete	H Primary Transmitters Radio
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: Co Itexican or Car	it is carried b monitoring, to prmation abou rm. dentify the call state whether f the radio stat this by placing Sive the station nadian stations	y the sys be recei- it the Co I sign of d the static ion's sig g a checl n's locati s, if any,	stem whenever it is received a ived at the headend, with the sopyright Office regulations on the 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	t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral in eparate	be expected, ated intervals. nstructions in the. and discrete	Transmitters
CALL SIGN	AM or FM	S/D						
			LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0/B	LOCATION OF STATION	GALL SIGN	AIVI OF FIM	5/D	LOCATION OF STATION	
		+						

Accounting Perio	od: 2019/1					F	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CoBridge Telecom, LL	С					5892
	SUBSTITUTE CARRIAGI				G		
1	In General: In space I, identi		-		-	ion that your cable s	ustem carried on a
•	substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMEN				0	• •	
Special	During the accounting per				s any nonne	twork television prog	ıram
Statement and		-		ourly, on a substitute bus			
Program Log	broadcast by a distant sta					YES	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete the prog	gram
	log in block 2.						
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst				wherever pos	sible, if their meanin	g 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			
				e community to which the			in
	the case of Mexican or Can			tem carried the substitute			month
	first. Example: for May 7 giv		when your sys				nonai
			substitute pro	gram was carried by your	cable system.	List the times accur	ately
	to the nearest five minutes.						
	stated as "6:00-6:30 p.m."	"D" : (()					
	to delete under FCC rules a			was substituted for progra			
	was substituted for program						ogram
	effect on October 19, 1976.		our system wa				
	,						
						EN SUBSTITUTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCCURRED	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
						<u></u>	
						-	
						_	
						_	
						_	
						_	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	CoBridge Telecom, LLC		5892
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service s amount, see	e 9,963.00
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 than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$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 you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		<u> </u>
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME O CoBridge Te	OWNER OF CABLE SYSTEM: ecom, LLC		SYSTEM ID# 5892
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	You must give (1) the number of channels on wh rs, and (2) the cable system's total number of ac al number of channels on which the cable d television broadcast stations	s	15 328
N Individual to Be Contacted for Further		O BE CONTACTED IF FURTHER INFORMATION about this statement of account.) Melinda Lahmann		573-468-1216
Information	Name			373-400-1210
	Address	64 N Clark (Number, street, rural route, apartment, or suite number Sullivan, MO 63080 (City, town, state, zip)	r)	
	Email	melinda.lahmann@fidelitycomn	nunications.com Fax (optional)	
O Certification	I, the undersig (Ow (Ag X (Of I have examinare true, comp	ned, hereby certify that (Check one, <i>but only one</i> , one of the other than corporation or partnership) I am the other than corporation or partnership I am the number of space B and that the owner is not a corporate or partner) I am an officer (if a corporation) or in line 1 of space B. The statement of account and hereby declare under the statement of account and hereby declare under the the best of my knowledge, information 1001(1986)]	ne owner of the cable system as identified in line 1 of space B; ip) I am the duly authorized agent of the owner of the cable sy boration or partnership; or a partner (if a partnership) of the legal entity identified as owner der penalty of law that all statements of fact contained herein bation, and belief, and are made in good faith. arla Cooper	istem as identified
		Enter signature us	ic signature on the line above to certify this statement. sing an "/s/ signature" (e.g., /s/ John Smith) a Cooper ent of Finance corporation or partnership) 8/22/2019	

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

ounting Period: 2019/1		FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM II
Bridge Telecom, LLC		589
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Collowing sentence: "In determining the total number of subscribers and the gross amounts paid to the service of providing secondary transmissions of primary broadcast transmitters, the scribers and amounts collected from subscribers receiving secondary transmission For more information on when to exclude these amounts, see the note on page (vii) of the located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipting made by satellite carriers to satellite dish owners? 	opyright Act by adding the fol- e cable system for the basic ne system shall not include sub- ins pursuant to section 119." e general instructions	P Special Statement Concerning Gross Receipts Exclusion
XNO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a l	late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions loca		Q
		Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions loca Line 1 Enter the amount of late payment or underpayment		Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessmen
	x	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	xdays	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here	xdays	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	xdays	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessmen
 Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here 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 <i>www.copyright.gov/licensing/interest-rate.pdf</i> 	x x x x x days x 0.00274 \$ (interest charge)	Q Interest Assessmer
 Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessmer
 Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessmer
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