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									
\$ 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	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20192 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
		Fidelity Cablevision, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		CoBridge Broadband, LLC dba Fidelity Communications
		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 these is 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM							
Name	Fidelity Cablevision, LLC	221							
	Instructions: List each separate community served by the cable system. A "o								
_									
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and in discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification								
	as the "first community." Please use it as the first community on all future f								
Area	$(A_{ij},A_{ij})^{*}$								
Served	identified city.								
	OITY OF TOWN	STATE							
<b>-</b>	CITY OR TOWN West Plains	MO							
First Community									
Community	Howell County	MO							
Rows as Necessary	0.0000								
	0.0000								

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Fidelity Cablevision, 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				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	834	36.99				
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel	3	12.50				
Commercial	14	14.00				
Converter						
Residential						
Non-residential						
		•				

# 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.

	BLO	CK 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>	pp	Motel, hotel	\$80/hr	Tier	53.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	\$80/hr	Tier	13.00
<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			
<ul> <li>First set</li> </ul>	\$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: 2019/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 22185

### Fidelity Cablevision, 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
K38HE	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		SPRINGFIELD, MO
KOZL-DT2	27.2	I-M	SPRINGFIELD, MO
KOZL-DT3	27.3	I-M	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#

Fidelity Cablevision, 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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od: 2019/2						FO	RM SA1-2E. PAGE 5.	
		ГЕМ:					SYSTEM ID# 22185	
substitute Carriage: Special Statement and Program Log Substitute basis during the accounting period, under specific present and former FCC rules, regulations explanation of the programming that must be included in this log, see page (v) of the general instructions.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork broadcast by a distant station?								
log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in								
S. 1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	RIAGE OCC	TIMES	7. REASON FOR DELETION	
	Fidelity Cablevision, Li  SUBSTITUTE CARRIAGE In General: In space I, identification of the programmi  1. SPECIAL STATEMENT  • During the accounting periphroadcast by a distant state Note: If your answer is "No" log in block 2.  2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, received to the call of the	Fidelity Cablevision, LLC  SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every nor substitute basis during the accounting pe explanation of the programming that mus  1. SPECIAL STATEMENT CONCER • During the accounting period, did you broadcast by a distant station?  Note: If your answer is "No", leave the log in block 2.  2. LOG OF SUBSTITUTE PROGRA In General: List each substitute progra clear. If you need more space, please a Column 1: Give the title of every no period, was broadcast by a distant stati under certain FCC rules, regulations, o Do not use general categories like "mo "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broad Column 3: Give the call sign of the s Column 4: Give the broadcast static the case of Mexican or Canadian static Column 5: Give the month and day first. Example: for May 7 give "5/7."  Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the to delete under FCC rules and regulatic was substituted for programming that y effect on October 19, 1976.	Fidelity Cablevision, LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEME In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under speexplanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBSTOME During the accounting period, did your cable system broadcast by a distant station?  Note: If your answer is "No", leave the rest of this paging in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate clear. If you need more space, please add additional in Column 1: Give the title of every nonnetwork televenty period, was broadcast by a distant station and that younder certain FCC rules, regulations, or authorizations. Do not use general categories like "movies" or "baske "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, ente Column 3: Give the call sign of the station broadcated Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your systims. Example: for May 7 give "5/7."  Column 6: State the times when the substitute proto to the nearest five minutes. Example: a program carriestated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect duwas substituted for programming that your system was effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	ELEGAL NAME OF OWNER OF CABLE SYSTEM:  Fidelity Cablevision, LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM L. In General: In space I, identify every nonnetwork television program, broadcast Is substitute basis during the accounting period, under specific present and former I explanation of the programming that must be included in this log, see page (v) of 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute base broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer i log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitut period, was broadcast by a distant station and that your cable system substitu under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progra" "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter Column 3: Give the call sign of the station broadcasting the substitute prog Column 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:0 stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for program was substituted for programming that your system was permitted to delete und effect on October 19, 1976.	Fidelity Cablevision, LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant standstitute basis during the accounting period, under specific present and former FCC rules, reguexplanation of the programming that must be included in this log, see page (v) of the general ins  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute basis, any nonn broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you make if your answer is "Yes," you make if your answer is "No", leave the rest of this page blank. If your answer is "Yes," you make if you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substituted for the prounder certain FCC rules, regulations, or authorizations. See page (v) of the general instruction on tuse general categories like "movies" or "basketball." List specific program titles, for example: The program was broadcast live, enter "Yes." Otherwise enter "No."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 5: Give the month and day when your system carried the substitute program. Us first. Example: for May 7 give "5/7."  Column 5: Give the month and day when your system carried by your cable system to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6: stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules and regulations in effect during the accounting period; enter the let was substituted for programming that your system was permitted to delete under FCC	EGGAL NAME OF OWNER OF CABLE SYSTEM:  Fidelity Cablevision, LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that yo substitute basis during the accounting period, under specific present and former FCC rules, regulations, or a explanation of the programming that must be included in this log, see page (v) of the general instructions in to 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork televibroadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must comple log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if the clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the period, was broadcast by a distant station and that your cable system substituted for the programming of under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furth Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I L "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program. Use numerals, first. Example: for May 7 give "5/7."  Column 4: Give the broadcast station's location (the community with which the station is identified).  Column 6: State the times when the substitute program was carried by your cable system. List the tit to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was	EGAL NAME OF OWNER OF CABLE SYSTEM:  Fidelity Cablevision, LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable sys substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television progration broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the progration block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning clear, if you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another st under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informatic Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" o "NBA Basketball: 76ers vs. Bulls."  Column 3: Give the broadcast 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is loentified).  Column 5: Give the broadcast station's location (the community to which the station is loentified).  Column 6: State the times when the substitute program w	

ccounting Period:	-	NAME OF OWNE	R OF CABLE	SYSTEM:									SYSTE	
Name		ity Cablevi											_	2218
<b>K</b> Gross Receipts	Instruction all amount (as idea page (	ctions: The punts (gross entified in spa vii) of the ge ross receipts	figure you receipts) p ace E) duri neral instru s from subs	paid to yo ng the acuctions lo scribers fo	our cable ecounting ecated in or secon	e system by g period. F the paper ndary trans	y subscri For a furtl r SA1-2 f smission	bers for th ner explan orm. service(s)	e system ation of h	i's secon	dary tran mpute th	smission se	rvice	
		uring the acc										_	206,252 of gross rece	
L Copyright Royalty Fee	Instructi Compl Use ble Use ble Use ble	IGHT ROYA ions: To con ete block 1, ock 1 if the a ock 2 if the a ock 3 if the a (vi) of the ge	npute the replace the place to the place the p	oyalty fee r block 3. gross rec gross rec gross rec	eipts in seipts in seipts in se	space K is space K is space K is	more the more the	an \$137,1 an \$263,8	00 but les	s than \$		\$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 this six-month accounting period is \$52.00													
	Line 1.	Royalty fee f	or account	ing period	1									
	Line 2.	Interest char	ge. Enter	the amou	nt from li	ne 4, spac	e Q, page	8					0	.00
	Line 3	TOTAL ROY	ΔI TY FFF	ΡΔΥΔΒ	I F FOR	ACCOUN'	TING PFI	Add	lines 1 ar	nd 2				
	Lino o.	TOTAL NO.				CEIPTS O								
	1. Base	e amount und	ler statutor	y formula					. \$	263	,800.00	_		
	2. Ente	er amount of g	gross recei	ots from s	pace K .				. \$	206	,252.00	_		
	3. Subt	tract line 2 fro	m line 1						\$	57	,548.00	_		
	4. Ente	er the amount	of gross re	eceipts fro	m space	: К				\$		206,252.0	0_	
	5. Ente	er the amount	from line 3	3						\$		57,548.0	<u>0</u>	
	6. Subt	tract line 5 fro	m line 4							\$		148,704.0	<u> </u>	
	7. Mult	iply line 6 by	.005 (enter	figure he	re)							\$	743	.52
	8. Inter	est charge. I	Enter the a	mount fro	m line 4,	space Q,	page 8						0	.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8										743	.52		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)													
	1. Ente	er the amount	of gross re	eceipts fro	m space	: К								
	2. Base	e amount und	ler statutor	y formula					\$	263	,800.00	_		
	3. Subt	tract line 2 fro	m line 1									_		
		iply line 3 by												
	5. Roya	alty due on th	e first \$263	3,800 of g	ross rece	eipts (unde	er statutor	y formula)		\$		1,319.0	<u> </u>	
	6. Inter	est charge. I	Enter the a	mount fro	m line 4,	space Q,	page 8					0.0	<u> </u>	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6													
				FILING	FEE AN	ID TOTAL	REMIT	TANCE D	UE					
Filing Fee and Fotal Remittance	1. Roya	alty Fee Paya	ble for Acc	ounting P	eriod (fro	om Block 1	1, 2, or 3,	above)		<u>\$</u>		743.5	2	
Due	2. Filing	g Fee (See th	ne instructio	ons for mo	ore inforn	nation on fi	iling fee o	alculations	·)	<u>\$</u>		20.0	<u> </u>	
	3. ТОТ	AL AMOUN	DUE FOF	R ACCOU	NTING F	PERIOD. /	Add lines	2 and 3 .				\$	763	.52
		Important: `						-	-	-	_		yrights!	
			See pag	e i of the	general	Instruction	ons in the	paper SA	1-2 form	for more	e informa	ition.		

Nome	Accounting Period:	2019/2							F	ORM SA1-2E. PAGE 7	
Instructions: You must give (1) the number of channels on which the cable system contrided believision broadcast statistions to its subscribers, and (2) the cable system of state in the cable system carried tolevision broadcast stations.  1. Enter the total number of channels on which the cable system carried tolevision broadcast stations.  2. Enter the total number of channels on which the cable system carried tolevision broadcast stations and nontroadcast stations.  Note can constant about the statement of account.  Note can constant about this statement of account.  Name	Name									SYSTEM ID# 22185	
Individual to Be Contacted for Further Information  Address  Melinda Lahmann  Telephone 573-468-1216  Address  S4.N Clark (Number, street, rural rode, spetment, or subs number)  Sullivan, MO 63080  (Cy, term state, sp)  Email melinda lahmann@fitdelity.communications.com Fax (optional)  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  (Agent of owner other than corporation or partnership) am the duly authorized agent of the owner of the cable system as identified in line 1 of space B, or  (Officer or partner) I am an officer (if a corporation or partnership) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  Typed or printed name:  Raymond Storck  Title:  Vice President Finance  (Title of official position had in corporation partnership).		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  325									
Melinda Lahmann  Address  64 N Clark (*Names street rure route, apartment or subte number)  Sullivan, MO 63080  (City, irow, salate, rs)  Email melinda Lahmann@fidelity.communications.com Fax (optional)  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.)  (Owner other than corporation or partnership) I am 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 subtricted agent of the owner of the cable system in line 1 of space B; or  (Officer or partner) i am an officer (if a corporation) or partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  - 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.    Yes   Asymond Storck   Statement   S	Individual to				RMATION	IS NEEDED (Ide	ntify an individual t	o whom			
Number, street, rural toute, spartment, or suite number)	for Further	Name	Melinda Lahmann					Telephone .	573-468-1216		
Certification  Certif		Address	(Number, street, rural route, apartr	tment, or suit	ite number)					311111111111111111111111111111111111111	
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.)  (Owner other than corporation or partnership) I am 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 and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  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(1986)]  X /s/ Raymond Storck  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:  Raymond Storck  Title: Vice President Finance  (Title of official position held in corporation or partnership)											
• 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  (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 and that the owner is not a corporation or partnership) or the legal entity identified as owner of the cable system in line 1 of space B.  • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained 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(1986)]   X		Email	melinda.lahman	nn@fidelit	itycommun	nications.com	Fax (o	pptional)			
in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained 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(1986)]  X /s/ Raymond Storck  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:  Raymond Storck  Title: Vice President Finance  (Title of official position held in corporation or partnership)	_	• I, the undersigne	ed, hereby certify that (Check on	ne, <i>but onl</i> y	<i>ly one</i> , of the	e boxes.)			or		
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: Raymond Storck  Title: Vice President Finance  (Title of official position held in corporation or partnership)		X (Officin in I have examined are true, complet	line 1 of space B and that the over or partner) I am an officer (if line 1 of space B.  If the statement of account and he, and correct to the best of my	owner is not if a corpora hereby dec	ot a corporat ation) or a pa clare under	tion or partnership artner (if a partne penalty of law tha	r; or rship) of the legal er t all statements of fa	ntity identified as owne			
(Title of official position held in corporation or partnership)			Typed or printed	Enter an e	electronic si	ignature on the ling an "/s/ signature					
Date: 2/25/20							hip)				
			Date:				2	2/25/20			

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 lav

ounting Period: 2019/2	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
lelity Cablevision, 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."  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.	P Special Statement Concerning Gross 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 Mailing Address	
INTEREST ASSESSMENT	'
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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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