This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED AMOUNT						
2-25-20	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		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 OARLE OVOTEN	FORM SA1-2E. PAG							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM							
	Fidelity Cablevision, LLC	304							
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.								
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses belo								
Served	identified city.								
	CITY OR TOWN	STATE							
First	Maumelle	AR							
Community	North Little Rock	AR							
Rows as Necessary									

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Fidelity Cablevision, LLC

SYSTEM ID# 30424

E

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	608	36.99			
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel	2	9.00			
Commercial	7	12.50			
Converter					
Residential					
Non-residential					
				1	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RAT
Continuing Services:		Installation: Non-residential			
 Pay cable 	рр	Motel, hotel	\$80/hr	Tier	53.
 Pay cable—add'l channel 		Commercial	\$80/hr	Tier	13.
 Fire protection 		• Pay cable		Digital Basic	12.
 Burglar protection 		 Pay cable-add'l channel 		Digital Tier	7.
Installation: Residential		Fire protection			
First set	\$80/hr	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		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# 30424

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
KARK	4.1	N	LITTLE ROCK, AR
KARK-DT2	4.2	I-M	LITTLE ROCK, AR
KARK-DT3	4.3	I-M	LITTLE ROCK, AR
KARZ	42.1	l	LITTLE ROCK, AR
KARZ-DT2	42.2	I-M	LITTLE ROCK, AR
KASN	38.1	l	PINE BLUFF, AR
KATV	7.1	N	LITTLE ROCK, AR
KATV-DT2	7.2	I-M	LITTLE ROCK, AR
KATV-DT3	7.3	I-M	LITTLE ROCK, AR
KATV-DT4	7.4	I-M	LITTLE ROCK, AR
KETS	2.1	E	LITTLE ROCK, AR
KKAP	36.1	l	LITTLE ROCK, AR
KLRT	16.1	N	LITTLE ROCK, AR
KMYA-DT	49.1	<u>l</u>	LITTLE ROCK, AR
KTHV	11.1	N	LITTLE ROCK, AR
KVTN	25.1	l	PINE BLUFF, AR

Accounting	Period:	2019/2
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FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Fidelity Cablevision, LLC

30424

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
	 						
	_						
	 						
	 		 				
							
	<u> </u>					 	
	<u> </u>						
	 						
	 		 				
							
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d: 2019/2						FOR	M SA1-2E. PAGE 5.			
		ГЕМ:					SYSTEM ID# 30424			
In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program og 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 ander certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. On 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 he 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 lirst. 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 on 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										
was substituted for program effect on October 19, 1976.	ming that y	our system wa	s permitted to delete un	der FCC rules WH	and regulati EN SUBST	ITUTE	7. REASON FOR DELETION			
THE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATIO							
	Fidelity Cablevision, LI SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting periphroadcast by a distant stat 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 cunder certain FCC rules, regulated to the case of Mexican or Canace Column 3: Give the call seed to the case of Mexican or Canace Column 5: Give the monifirst. Example: for May 7 given Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules and was substituted for program effect on October 19, 1976.	Fidelity Cablevision, LLC SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every nor substitute basis during the accounting peexplanation of the programming that mustable 1. SPECIAL STATEMENT CONCER • During the accounting period, did your 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 prograclear. If you need more space, please a Column 1: Give the title of every not period, was broadcast by a distant stati under certain FCC rules, regulations, on Do not use general categories like "mot "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call gin of the secolumn 4: Give the broadcast station the case of Mexican or Canadian station 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 regulation was substituted for programming that y effect on October 19, 1976. SUBSTITUT 1. TITLE OF PROGRAM 2. LIVE?	Fidelity Cablevision, LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMEI In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under spe explanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBST • During the accounting period, did your cable system broadcast by a distant station? Note: If your answer is "No", leave the rest of this pag log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separa clear. If you need more space, please add additional r Column 1: Give the title of every nonnetwork televi period, was broadcast by a distant station and that yo under 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, enter Column 3: Give the call sign of the station broadcat Column 4: Give the broadcast station's location (the the case of Mexican or Canadian stations, if any, the or Column 5: Give the month and day when your sys first. Example: for May 7 give "5/7." Column 6: State the times when the substitute pro- to to the nearest five minutes. Example: a program carrie stated 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 du was substituted for programming that your system wa effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	Fidelity Cablevision, LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM L In General: In space I, identify every nonnetwork television program, broadcast substitute basis during the accounting period, under specific present and former 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 bis broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer 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 substitut under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progr "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 progroum 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 frost the nearest five minutes. Example: a program carried by a system from 6:0 stated as "6:00-6:30 p.m." 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 un 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, regrexplanation 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 in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever period, was broadcast by a distant station and that your cable system substitute program") the period, was broadcast by a distant station and that your cable system substitute 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 e "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 5: Give the month and day when your system carried the substitute program. Us first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was 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 letwas substituted for programming that your system was permitted to delete under FCC rules effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. S	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 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 televe 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 complet 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 or 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 "577." Column 6: State the times when the substitute program was carried by your cable system. List the tir 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 substituted for programming that your system to delete under FCC rules and regulate effect on	LEGAL 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 syste 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 SA1 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 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 prograt 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 sta 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 which the station is leensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is l			

	LEGAL NAME O	OF OWNER OF CAE	BLE SYSTEM:									SYSTEM II
Name	_	ablevision, L									·	3042
K Gross Receipts	Instructions all amounts (as identified page (vii) of Gross r	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)										ice e
		the accounting IT: You must co									-	71,247.00 pross receipts)
L Copyright Royalty Fee	Instructions: Complete bl Use block 1 Use block 2 Use block 3	TROYALTY FE To compute the lock 1, block 2, if the amount of if the amount of the general ins	e royalty fee or block 3. of gross rec of gross rec of gross rec	eipts in speipts in speipts in speipts in sp	ace K is s ace K is r ace K is r	more than more than	\$137,10 \$263,80	0 but less	s than \$527		\$263,800	
		BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS										
		As a cable systemeriod is \$52.00	em with gros	ss receipts	of \$137,1	00 or less,	the roya	ty fee tha	it you must p	ay for	this six-month	1
		alty fee for accou	nting period	1								
												0.00
	Line 2. Intere	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8										
	Line 3. TOTA	AL ROYALTY F									-	
						. ,		,	more than		100)	
		ount under statut										
		ount of gross rec										
		ine 2 from line 1									74 047 00	
		amount of gross	•	•							71,247.00	<u>-</u>
		ine 5 from line 4									92,553.00 78,694.00	-
		ne 6 by .005 (ent									·	393.47
												0.00
	8. Interest charge. Enter the amount from line 4, space Q, page 8											
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8									393.47		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)											
	1. Enter the	amount of gross	receipts fro	om space K	.							
		ount under statut								0.00		
		ine 2 from line 1										
		ne 3 by .01										
	5. Royalty du	ue on the first \$2	163,800 of g	ross receip	ots (under	statutory fo	rmula) .		\$		1,319.00	<u>-</u> '
	6. Interest ch	harge. Enter the	amount fro	m line 4, s	pace Q, pa	age 8					0.00	=.
	7. TOTAL R	OYALTY FEE P	AYABLE F	OR ACCO	UNTING F	PERIOD. A	dd lines	1, 5, and 6	6			
			FILING	FEE AND	TOTAL	REMITTA	NCE DI	JE				
					-							
Filing Fee and Fotal Remittance	1. Royalty Fe	ee Payable for A	ccounting F	eriod (fron	n Block 1,	2, or 3, abo	ove)		\$		393.47	-
Due		(See the instruc	ctions for mo	ore informa	ition on fili	ng fee calc	ulations)		\$		20.00	<u>-</u>
	2 TOTAL A	MOUNT DUE E	OD 4000U	INTING DE	TRIOD A	م معددا					¢	442.47
	3. IUIAL A	MOUNT DUE FO	JR AUGUU	NIING PE	KIUD. A	ua iines 2 i	anu J				\$	413.47
		ortant: Your ren		ust be in th	ne form o	f an electro	onic pay	ment pay	yable to the	Regis		ghts!

Accounting Period	2019/2					FORM SA1-2E. PAGE 7		
Name	Fidelity Cables	OWNER OF CABLE SYSTEM: rision, LLC				SYSTEM ID# 30424		
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 335							
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accoun		RMATION IS NEEDED (Identify an inc	dividual to whom			
for Further Information	Name	Melinda Lahmann			Telephone	573-468-1216		
	Address	64 N Clark (Number, street, rural route, apartr Sullivan, MO 63080	ment, or suite	e number)				
	Email	(City, town, state, zip) melinda.lahman	nn@fidelity	ycommunications.com	Fax (optional)			
_	CERTIFICATION	(This statement of account mu	ust be certifi	ified and signed in accordance with C	Copyright Office regulations)			
O Certification	• I, the undersigne	ed, hereby certify that (Check or	ne, <i>but only d</i>	one, of the boxes.)				
	(Owne	r other than corporation or pa	artnership)) I am the owner of the cable system as	s identified in line 1 of space B;	or		
				rtnership) I am the duly authorized age a corporation or partnership; or	ent of the owner of the cable sy	stem as identified		
	X (Offic			tion) or a partner (if a partnership) of the	e legal entity identified as owne	er of the cable system		
	I have examined	the statement of account and he, and correct to the best of my		lare under penalty of law that all statem , information, and belief, and are made				
			X	/s/ Raymond Storck				
				electronic signature on the line above to ature using an "/s/ signature" (e.g., /s/ J				
		Typed or printed	I name:	Raymond Storck				
		Title: (Title of o		resident Finance In held in corporation or partnership)				
		Date:			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 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

ounting Period: 2019/2	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
lelity Cablevision, LLC	30424
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 2 Multiply line 1 by the interest rate* 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 www.copyright.gov/licensing/interest-rate.pdf . 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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