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							
\$ 25.20	FOR COPYRIGHT OFFICE USE ONLY						
2 25 20	DATE RECEIVED	AMOUNT					
	2-25-20	7					

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

Δ			
	ACCC	OUNTING 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			
		Instructions:	
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a	
		single statement of account and royalty fee payment covering the entire accounting period.	3569
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	3303
		T	
		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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
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)	
		p. v. v. i v.	

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 MANE OF CHANGE OF CARLE OVERTIME	FORM SA1-2E. PAG					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM					
	Fidelity Cablevision, LLC	35					
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 n	nobile home parks should be reported in parentheses below the					
Served	identified city.						
	CITY OR TOWN	STATE					
First	Nevada	MO					
Community	Vernon County (portion)	MO					
d 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# 3569

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.

OCK 1		BLOCK 2			
NO. OF	DATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE			
SUBSCRIBERS	NATE	CATEGORY OF SERVICE SUBSCRIBERS RATE			
1,095	36.99				
3	13.50				
7	15.50				
	NO. OF SUBSCRIBERS 1,095	NO. OF SUBSCRIBERS RATE 1,095 36.99 3 13.50 7 15.50			

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	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	рр	Motel, hotel	\$80/hr	Tier	53.00
 Pay cable—add'l channel 		Commercial	\$80/hr	Tier	13.00
 Fire protection 		Pay cable		Digital Basic	12.00
Burglar protection		Pay cable-add'l channel		Digital Tier	7.99
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# 3569

4. LOCATION OF STATION

Fidelity Cablevision, LLC

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

3. TYPE OF STATION

Add Rows as Necessary

КСРТ	19.1	E	KANSAS CITY, MO
KFJX	14.1	N	PITTSBURG, KS
KFJX-DT2	14.2	I-M	PITTSBURG, KS
KFJX-DT3	14.3	I-M	PITTSBURG, KS
KFJX-DT4	14.4	I-M	PITTSBURG, KS
KOAM	7.1	N	PITTSBURG, KS
KODE	12.1	N	JOPLIN, MO
КЅНВ	41.1	N	KANSAS CITY, MO
KSNF	16.1	N	JOPLIN, MO
KSNF-DT2	16.2	I-M	JOPLIN, MO
KSNF-DT3	16.3	I-M	JOPLIN, MO
KSNF-DT4	16.4	I-M	JOPLIN, MO
•		•	

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FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Fidelity Cablevision, LLC

3569

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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Accounting Perio							FOR	M SA1-2E. PAGE 5.	
Name	Fidelity Cablevision, LI		ГЕМ:					SYSTEM ID# 3569	
Substitute Carriage: Special Statement and	age: cial ent and								
								tion n. hth	
	SI 1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S CALL SIGN	I 4. STATION'S LOCATIO	5. MONTH	'		7. REASON FOR DELETION	

ccounting Period:	· 				SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Fidelity Cablevision, LLC				SYSTEM ID 356
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the for all amounts (gross receipts) paid to your cable system by subscr (as identified in space E) during the accounting period. For a furt page (vii) of the general instructions located in the paper SA1-2 f Gross receipts from subscribers for secondary transmission during the accounting period	ibers for the syster her explanation of form. service(s)	n's secondary tra how to compute t	nsmission servhis amount, se	/ice
	·			(Famount of	g. see reserve,
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 \$137,10. Use block 2 if the amount of gross receipts in space K is more the Use block 3 if the amount of gross receipts in space K is more the See page (vi) of the general instructions located in the paper SA1-2 for	an \$137,100 but le an \$263,800 but le	ss than \$527,600		
	BLOCK 1: GROSS RECEIP	TS OF \$137,100	OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or le accounting period is \$52.00	ess, the royalty fee th	hat you must pay f	or this six-mont	h
	Line 1. Royalty fee for accounting period				
					0.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page	e 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PE	RIOD Add lines 1 a	ınd 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,	800 OR LESS (bu	it more than \$13	7,100)	
	Base amount under statutory formula	<u>\$</u>	263,800.00	<u>) </u>	
	2. Enter amount of gross receipts from space K	<u>\$</u>	235,626.00	<u>) </u>	
	3. Subtract line 2 from line 1	<u>\$</u>	28,174.00	<u>) </u>	
	4. Enter the amount of gross receipts from space K			235,626.00	_
	5. Enter the amount from line 3		-	28,174.00	_
	6. Subtract line 5 from line 4			207,452.00	_
	7. Multiply line 6 by .005 (enter figure here)				1,037.26
	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> \$	1,037.26
	BLOCK 3: GROSS RECEIPTS OF MORE	THAN \$263,800 ((but less than \$5	27,600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula	\$	263,800.00	<u> </u>	
	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 statutor	ry 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	d 6		_
	FILING FEE AND TOTAL REMIT	TANCE DUE			
	TIEMOTEE THIS TOTAL TERMIN	7,4102 502			
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3,	above)	\$	1,037.26	_
Due	Filling Fee (See the instructions for more information on filling fee or	calculations)	<u> </u> \$	20.00	_
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines	s 2 and 3		\$	1,057.26
	Importanti Vous somittenes must be in the form of an al-	otvonio narranas i	ovable to the D	viotor of Comm	ei abtol
	Important: Your remittance must be in the form of an ele See page i of the general instructions in the	ctronic payment p	ayable to the Keg	Jister of Copyl	เษาแร!

Accounting Period:	2019/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: sion, LLC				SYSTEM ID# 3569
M Channels	to its subscribers, 1. Enter the total system carried the system carried the control on which the carriers are subscribers.	u must give (1) the number of and (2) the cable system's to number of channels on which elevision broadcast stations. number of activated channels ble system carried television hast services	al number of activated he cable	d channels during the ad	ccounting period.	316
N Individual to Be Contacted		BE CONTACTED IF FURTH		NEEDED (Identify an in	dividual to whom	
for Further Information	Name	Melinda Lahmann			Telephone	573-468-1216
	Address	64 N Clark (Number, street, rural route, apartn	ent, or suite number)			
		Sullivan, MO 63080 (City, town, state, zip)				
	Email	melinda.lahman	@fidelitycommunic	ations.com	Fax (optional)	
	CERTIFICATION (This statement of account mu	t be certified and sigr	ned in accordance with 0	Copyright Office regulations)	
O Certification	• I, the undersigned	d, hereby certify that (Check on	, but only one, of the b	oxes.)		
	(Owner	other than corporation or pa	tnership) I am the own	ner of the cable system a	s identified in line 1 of space B;	or
		of owner other than corporat ne 1 of space B and that the ov			ent of the owner of the cable sy	stem as identified
	X (Office				ne legal entity identified as owne	er of the cable system
	I have examined	the statement of account and h , and correct to the best of my l				
			X /s/ Rayme	ond Storck		
				ature on the line above to "/s/ signature" (e.g., /s/		
		Typed or printed	name: Raymon	d Storck		
		Title: (Title of of	Vice President F			
		Date:			2/25/20	

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counting Period: 2019/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
delity Cablevision, LLC	3569
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."	P Special Statement Concerning Gross
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.	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	
	1111111111
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
х	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
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 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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