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	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.

Accounting Period:	2019/2								
necounting r crious	2017/2	FORM SA1-2E. PAGE 1b.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	Fidelity Cablevision, LLC	5891							
	Instructions: List each separate community served by the cable system. A "community								
D	"a separate and distinct community or municipal entity (including unincorporated comdiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	nmunities within unincorporated areas and including single,							
Area	as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the								
Served	identified city.								
	CITY OR TOWN	STATE							
First	Harrisonville	MO							
Community									
Add Rows as Necessary									
Add Nows as Necessary									

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Fidelity Cablevision, LLC

SYSTEM ID# 5891

# 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			
0.175.005./.05.055.//05	NO. OF		0.1750000/050000000	NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	679	36.99				
<ul> <li>Service to additional set(s)</li> </ul>						
• FM radio (if separate rate)						
Motel, hotel	3	14.00				
Commercial	1	11.00				
Converter						
Residential						
Non-residential						
				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 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>	рр	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		HD Tier	5.00
<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# 5891

## Fidelity Cablevision, LLC

PRIMARY TRANSMITTERS: TELEVISION

G

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
КСРТ	19.1	E	KANSAS CITY, MO
ксту	5.1	N	KANSAS CITY, MO
KCTV-DT2	5.2	I-M	KANSAS CITY, MO
KCWE	29.1	l	KANSAS CITY, MO
КМВС	9.1	N	KANSAS CITY, MO
KMBC-DT2	9.2	I-M	KANSAS CITY, MO
KMCI	38.1	l	LAWRENCE, KS
KMOS	6.1	E	SEDALIA, MO
KPXE	50.1	I	KANSAS CITY, MO
KSHB	41.1	N	KANSAS CITY, MO
KSMO	62.1	I	KANSAS CITY, MO
WDAF	4.1	N	KANSAS CITY, MO
WDAF-DT2	4.2	I-M	KANSAS CITY, MO
WDAF-DT3	4.3	I-M	KANSAS CITY, MO

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

5891

## 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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	<del> </del>	<del> </del>					
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od: 2019/2						FOF	RM SA1-2E. PAGE 5.	
		ГЕМ:					SYSTEM ID# 5891	
Substitute Carriage: Special Statement and Program Log  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program 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, did your cable system carry, on a substitute basis, any nonnetwork television program 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: Tes 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, 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 effect during the accountin								
	Fidelity Cablevision, Li  SUBSTITUTE CARRIAGE In General: In space I, identify substitute basis during the acceptantion 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, recommended to the case of Mexican or Column 3: Give the call second the case of Mexican or Canace Column 4: Give the monofirst. Example: for May 7 give 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 a was substituted for program effect on October 19, 1976.	Fidelity Cablevision, LLC  SUBSTITUTE CARRIAGE: SPECIAIN General: In space I, identify every not substitute basis during the accounting preexplanation of the programming that mustained in the programming that programming 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 PROGRAIN General: List each substitute program clear. If you need more space, please a Column 1: Give the title of every not period, was broadcast by a distant station under certain FCC rules, regulations, on Do not use general categories like "mo" "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast static the case of Mexican or Canadian station Column 3: Give the call sign of the state 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 toth the nearest five minutes. Example: a stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the toth delete under FCC rules and regulation was substituted for programming that y effect on October 19, 1976.	Fidelity Cablevision, LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEMEI 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 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 paging 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 in Column 1: Give the title of every nonnetwork televit 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, enter Column 3: Give the call sign of the station broadcast 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 sysfirst. Example: for May 7 give "5/7."  Column 6: State the times when the substitute proto to the nearest five minutes. Example: a program carries 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 was 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 I 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 base broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is 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 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 programming that your system was permitted to delete undeffect 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 stabstitute basis during the accounting period, under specific present and former FCC rules, regiexplanation 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 perioder. 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 to use 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 broadcast station's location (the community to which the station is lide to ease of Mexican or Canadian stations, if any, the community with which the station is ide 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 letter of the lease substituted for programming	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG	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 systs 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 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 progra 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 substitute for the programming of another statunder 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" or "INBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  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 6: State the times when the substitute program was substitu	

ccounting Period:	LEGAL NAME OF OWNER OF CABLE	SYSTEM:					A1-2E. PAGE YSTEM IC
Name	Fidelity Cablevision, LLC						589
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you all amounts (gross receipts) p (as identified in space E) durit page (vii) of the general instru Gross receipts from subs	aid to your cable system by and the accounting period. Fo	subscribers for the r a further explanat SA1-2 form.	system's	secondary trans	smission servic	e
	during the accounting per IMPORTANT: You must com	riod				\$ 147 (Amount of gro	7,900.00 oss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the re Complete block 1, block 2, or Use block 1 if the amount of g Use block 2 if the amount of g Use block 3 if the amount of g See page (vi) of the general instru	block 3. ross receipts in space K is \$ ross receipts in space K is n ross receipts in space K is n	nore than \$137,100 nore than \$263,800	but less t	han \$527,600	\$263,800	
		BLOCK 1: GROSS RE	ECEIPTS OF \$137	7,100 OR	LESS		
	Instructions: As a cable system accounting period is \$52.00	with gross receipts of \$137,10	00 or less, the royalt	y fee that y	ou must pay for	this six-month	
	Line 1. Royalty fee for accounti	ng period					
	Line 2. Interest charge. Enter t	he amount from line 4, space	Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE	PAYABLE FOR ACCOUNTI	NG PERIOD Add lir	nes 1 and 2	2		
	BLOCK	2: GROSS RECEIPTS OF	\$263,800 OR LES	SS (but m	ore than \$137	100)	
	Base amount under statutory	formula	·····- <u>-</u>	\$	263,800.00	-	
	2. Enter amount of gross receip	ts from space K	····	\$	147,900.00	<u>-</u>	
	3. Subtract line 2 from line 1		·····	\$	115,900.00	-	
	4. Enter the amount of gross re					147,900.00	
	5. Enter the amount from line 3					115,900.00	
	6. Subtract line 5 from line 4					32,000.00	
	7. Multiply line 6 by .005 (enter						160.00
	8. Interest charge. Enter the ar	nount from line 4, space Q, pa	age 8				0.00
	9. TOTAL ROYALTY FEE PAY	ABLE FOR ACCOUNTING P	PERIOD. Add lines 7	and 8		\$	160.00
	BLOCK 3	: GROSS RECEIPTS OF N	MORE THAN \$263	3,800 (but	less than \$52	7,600)	
	1. Enter the amount of gross re	ceipts from space K	<u>.</u>			-	
	2. Base amount under statutory	formula		\$	263,800.00	_	
	3. Subtract line 2 from line 1		·····			_	
	4. Multiply line 3 by .01						
	5. Royalty due on the first \$263	,800 of gross receipts (under	statutory formula)		. \$	1,319.00	
	6. Interest charge. Enter the ar	nount from line 4, space Q, pa	age 8			0.00	
	7. TOTAL ROYALTY FEE PAY	ABLE FOR ACCOUNTING P	PERIOD. Add lines 4	, 5, and 6 .			
		FILING FEE AND TOTAL I	REMITTANCE DU	E			
Filing Foo and							
Filing Fee and Total Remittance	Royalty Fee Payable for Acc	ounting Period (from Block 1,	2, or 3, above)		\$	160.00	
Due	2. Filing Fee (See the instruction	ns for more information on filir	ng fee calculations) .		. \$	20.00	
	3. TOTAL AMOUNT DUE FOR	ACCOUNTING PERIOD. Ac	dd lines 2 and 3			\$	180.00
		tance must be in the form of			_		hts!
	See page	e i of the general instruction	s in the paper SA1	-2 form for	r more informa	tion.	

Accounting Period:	2019/2						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER Fidelity Cablevision,						SYSTEM ID# 5891
M Channels	to its subscribers, and (2)  1. Enter the total number system carried television.  2. Enter the total number on which the cable system.	2) the cable system's to er of channels on which ion broadcast stations er of activated channels stem carried television	otal numb	ble	n which the cable system carried television broad of activated channels during the accounting perio	d. [	331
N Individual to Be Contacted	INDIVIDUAL TO BE CO			ORM	IATION IS NEEDED (Identify an individual to who	m	
for Further Information	Name Meli	nda Lahmann				Telephone	573-468-1216
	(Numb	I Clark er, street, rural route, aparti ivan, MO 63080 own, state, zip)	ment, or su	suite n	umber)		
	Email	melinda.lahmar	n@fidel	elityc	communications.com Fax (optional	al)	
O Certification	Owner other  (Agent of own in line 1 of the inline 1 of	than corporation or partner other than corporation f space B and that the or artner) I am an officer (if space B.  tement of account and borrect to the best of my	tion or payment is not a corporation or payment is not a corporation.	partnenot a pration	ed and signed in accordance with Copyright Office ne, of the boxes.)  am the owner of the cable system as identified in linership) I am the duly authorized agent of the owner corporation or partnership; or  n) or a partner (if a partnership) of the legal entity identified in the composition of the legal entity identified in line legal entity identified in li	e 1 of space B; of the cable sy	stem as identified
				n elec	s/ Raymond Storck  ctronic signature on the line above to certify this state ure using an "/s/ signature" (e.g., /s/ John Smith)	ement.	
		Typed or printed  Title:  (Title of o	Vice F	Pre	Raymond Storck esident Finance meld in corporation or partnership)		
		Date:			2/25/2	0	

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

counting Period: 2019/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
delity Cablevision, LLC	5891
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	
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	_
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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