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						
02/17/2021	\$ 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

_	1						
Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		20202 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					
В		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)					
		DOUNTED HAME(O) OF OWNER OF OADEL OFFICIAL (II 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 salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.					
System	Harrice	DENTIFICATION OF CABLE SYSTEM:					
System	1	IDENTIFICATION OF CABLE STSTEM.					
		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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM							
Name	Fidelity Cablevision, LLC	221							
	Instructions: List each separate community served by the cable system. A "comr	nunity" is the same as a "community unit" as defined in FCC rule							
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing								
D	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 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 parenthes								
Area Served	identified city.								
ocived									
	CITY OR TOWN	STATE							
First	Thayer	MO							
Community	Mammoth Spring	AR							
d Rows as Necessary									
u Rows as Necessary									

Accounting Period: 2020/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Fidelity Cablevision, LLC

8YSTEM ID# 22187

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 	213	38.99				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel	3	17.00				
Commercial	1	15.00				
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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	pp	 Motel, hotel 	\$80/hr	Tier	56.00
 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: 2020/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

22187

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
К38НЕ	38.1	l	WEST PLAINS, MO
KAIT	8.1	N	JONESBORO, 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
KYTV	3.1	N	SPRINGFIELD, MO
KYCW-DT2	3.2	I-M	SPRINGFIELD, MO

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Fidelity Cablevision, LLC

22187

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
		 					
				L	J		

Associating Dovin	.d. 2020/2						FOR	M CA4 OF DACE 5	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	M SA1-2E. PAGE 5. SYSTEM ID#	
Name	Fidelity Cablevision, L							22187	
								22107	
_	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G				
l	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								
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Special	1. SPECIAL STATEMENT CONCENTING SUBSTITUTE CANNIAGE								
Statement and			ur cable syster	n carry, on a substitute ba	sis, any noni	ietwork tele			
Program Log	broadcast by a distant sta						YES	NO	
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer is	s "Yes," you r	must compl	ete the proo	gram	
	log in block 2.								
	2. LOG OF SUBSTITUT					: - : :#4	: :_	_ :_	
	In General: List each subsclear. If you need more spa				s wherever p	ossible, ii ti	ieir meanin	g is	
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute					
	period, was broadcast by a								
	under certain FCC rules, re Do not use general catego	egulations, d ries like "mo	or autnorizatio ovies" or "bask	ns. See page (v) or the ge etball." List specific progra	neral instruct am titles, for e	ions for furi example, "I	iner informa Love Lucv"	or	
	"NBA Basketball: 76ers vs.	Bulls."				1, .			
				er "Yes." Otherwise enter '					
		0		casting the substitute progr the community to which th		censed by t	he FCC or	in	
	the case of Mexican or Car	nadian stati	ons, if any, the	community with which the	e station is id	entified).	,		
			when your sy	stem carried the substitute	e program. U	se numeral	s, with the r	nonth	
	first. Example: for May 7 gi		e substitute nr	ogram was carried by you	r cable syste	m list the t	times accur	ately	
	to the nearest five minutes							atory	
	stated as "6:00-6:30 p.m."	"D":						. ,	
	to delete under FCC rules			n was substituted for progr					
	was substituted for program							ogram	
	effect on October 19, 1976	i.		•		· ·			
				=	WHEN SUBSTITUTE				
	S	UBSTITUT	E PROGRAM	1	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. RE.			7. REASON FOR	
		2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION	
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	_ то		
							_		
		 						"	
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							_		
		 							
							_		
		T					,		
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							_		
								 	
		 							

Accounting Period:			11-2E. PAGE			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Fidelity Cablevision, LLC	S	YSTEM ID: 2218			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this apage (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	9,226.00 ss receipts)			
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$100 to \$1	263,800				
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon				
	Line 1. Royalty fee for accounting period	\$	52.00			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	100)				
	1. Base amount under statutory formula	<u>-</u>				
	2. Enter amount of gross receipts from space K	<u>-</u>				
	3. Subtract line 2 from line 1	_				
	4. Enter the amount of gross receipts from space K					
	5. Enter the amount from line 3					
	6. Subtract line 5 from line 4					
	7. Multiply line 6 by .005 (enter figure here)					
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00			
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8					
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)				
	Enter the amount of gross receipts from space K	_				
	2. Base amount under statutory formula	_				
	3. Subtract line 2 from line 1	_				
	4. Multiply line 3 by .01					
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00				
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6					
	FILING FEE AND TOTAL REMITTANCE DUE					
Filler Francis						
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00				
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00				
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00			
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!			

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7					
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: sion, LLC	SYSTEM ID# 22187					
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total	n must give (1) the number of channels on which the cable system carried televiand (2) the cable system's total number of activated channels during the account number of channels on which the cable elevision broadcast stations	unting period.					
N Individual to	INDIVIDUAL TO	BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an indivi-	dual to whom					
Be Contacted for Further Information	Name	Melinda Lahmann	Telephone 573-468-1216					
	Address	64 N Clark (Number, street, rural route, apartment, or suite number) Sullivan, MO 63080 (City, town, state, zip) melinda.lahmann@fidelitycommunications.com	Fax (optional)					
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) 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 (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 							
		and correct to the best of my knowledge, information, and belief, and are made in	n good faith.					
		Date:	2/11/21					

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counting Period: 2020/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
idelity Cablevision, LLC	22187
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. 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	P Special Statement Concerning Gross Receipts Exclusion
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 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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