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

3502

STATEM	ENT OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY	by email to:	
	ary Transmissions by ems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov	
General instru	of this workbook	02/17/2021	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
A	ACCOUNTING PERIOD COVERED	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
Accounting Period		-			
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent c	-	ry of another corporation, give the full corp	porate title	
Owner	List any other name or names under whic	h the owner conducts the business of the o	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.

		check here in this is the system s inst hing. If not, enter the system s ib humber assigned by the licensing bivision.
		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 s 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:
	1	
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or sulte 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.

Poturn completed workbook

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Fidelity Cablevision, LLC	3502
D	"a separate and distinct community or municipal entity (including uninco	
Area Served	identified city.	
	CITY OR TOWN	STATE
First	New Roads	LA
Community	Pointe Coupee	LA
	Morganza	LA
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM II
Name	Fidelity Cablevision, LL		:					313	350
	Tidenty Cablevision, LL	.0							
Е	SECONDARY TRANSMISSION								
E	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including								
Transmission	last day of the accounting period	l (June 30 or D	ecemb	er 31, as the ca	ise may be	e).		0	
Service: Sub-	Number of Subscribers: Bot	•					,	,	
scribers and Rates	down by categories of secondar each category by counting the n	-				•			
Rates	separately for the particular serv			•••		•		charged	
	Rate: Give the standard rate of	•	-	•			-		
	unit in which it is generally billed category, but do not include disc				ny standa	rd rate variatior	s within a	particular rate	
	Block 1: In the left-hand block				ries of sec	ondary transmis	ssion servi	ce that cable	
	systems most commonly provide			-					
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca				••		•		
	first set" and would be counted of						idel Selvi		
	Block 2: If your cable system	has rate categ	ories fo	r secondary tra	nsmission				
	printed in block 1 (for example, f								
	with the number of subscribers a sufficient.	and rates, in th	e right-r	hand block. A ty	vo- or thre	e-word descript	ion of the s	service is	
		DCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:	000001110			0,111			0020011122110	
	 Service to first set 		1,335	38.99					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel		5	18.00					
	Commercial		5	18.50					
	Converter								
	Residential								
	Non-residential								
					•				
_	SERVICES OTHER THAN SEC In General: Space F calls for ra					Il vour cable sv	stem's serv	rices that were	
F	not covered in space E, that is, t	•	,		-	• •			
. .	service for a single fee. There a	•			•				
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usuany	billed. If driv it				ogram basis,	
ransmissions:	Block 1: Give the standard ra			•		• •			
Rates	Block 2: List any services that	• •			-	-	•		
	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.								
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RA
	Continuing Services:			ation: Non-res			U. TEO		
	• Pay cable	рр	• Mo	tel, hotel		\$80/hr	Tier		56.
	• Pay cable—add'l channel		• Co	mmercial		\$80/hr	Tier		13.
	Fire protection		• Pa	y cable			Digital	Basic	12.
	•Burglar protection		• Pa	y cable-add'l ch	annel		Digital	Tier	7.
	Installation: Residential			e protection					
	• First set	\$80/hr	• Bu	rglar protection					
	 Additional set(s) 			services:					
	()					¢05			
	• FM radio (if separate rate)			connect		\$25			
	()		• Dis	connect		\$23			
	• FM radio (if separate rate)		• Dis • Ou			\$23			

				FORM SA1-2	TEM		
Name	LEGAL NAME OF OWNER OF			SYS ⁻	тем 1 35		
	Fidelity Cablevision, PRIMARY TRANSMITTERS:						
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, <i>except</i> (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						
	Do not list the station her station was carried only or List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the the form. The number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. h case whether the station is a network s ering the letter "N" (for network), "N-M" (i), "E" (for noncommercial educational), o erms, see page (iv) of the general instru-	d both on a substitute basis and al see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, re- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde or "E-M" (for noncommercial educa- tictions in the paper SA1-2 form.	so on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial upendent), "I-M" ational multicast).			
	Column 4: Give the location	on of each station. For U.S. stations, list adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	the community to which the statio				
"	WAFB	9.1	N	BATON ROUGE, LA			
		9.3	I-M				
	WAFB-DT3		I-IVI	BATON ROUGE, LA			
	WBXH	<u>39.1</u> 21.1	I	BATON ROUGE, LA			
ld Rows as Necessary	WBRL		I 	BATON ROUGE, LA			
,	WBRZ	2.1	Ν	BATON ROUGE, LA			
	WBRZ-DT2	2.2	I-M	BATON ROUGE, LA			
	WBRZ-DT2 KBTR-DT3	41.3	I-M	BATON ROUGE, LA			
	WBRZ-DT2 KBTR-DT3 WGMB	41.3 44	I-M N	BATON ROUGE, LA BATON ROUGE, LA			
	WBRZ-DT2 KBTR-DT3 WGMB WGMB-DT3	41.3 44 44.3	I-M N I-M	BATON ROUGE, LA BATON ROUGE, LA BATON ROUGE, LA			
	WBRZ-DT2 KBTR-DT3 WGMB WGMB-DT3 WLPB	41.3 44 44.3 27	I-M N I-M E	BATON ROUGE, LA BATON ROUGE, LA BATON ROUGE, LA BATON ROUGE, LA			
	WBRZ-DT2 KBTR-DT3 WGMB WGMB-DT3	41.3 44 44.3	I-M N I-M	BATON ROUGE, LA BATON ROUGE, LA BATON ROUGE, LA			
	WBRZ-DT2 KBTR-DT3 WGMB WGMB-DT3 WLPB	41.3 44 44.3 27	I-M N I-M E	BATON ROUGE, LA BATON ROUGE, LA BATON ROUGE, LA BATON ROUGE, LA			
	WBRZ-DT2 KBTR-DT3 WGMB WGMB-DT3 WLPB	41.3 44 44.3 27	I-M N I-M E	BATON ROUGE, LA BATON ROUGE, LA BATON ROUGE, LA BATON ROUGE, LA			
	WBRZ-DT2 KBTR-DT3 WGMB WGMB-DT3 WLPB	41.3 44 44.3 27	I-M N I-M E	BATON ROUGE, LA BATON ROUGE, LA BATON ROUGE, LA BATON ROUGE, LA			
	WBRZ-DT2 KBTR-DT3 WGMB WGMB-DT3 WLPB	41.3 44 44.3 27	I-M N I-M E	BATON ROUGE, LA BATON ROUGE, LA BATON ROUGE, LA BATON ROUGE, LA			

EGAL NAME OF			I STEW.					SYSTEM 38
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing tive the station	/ the sys be recei t the Cc sign of e he static ion's sign g a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically processor k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 enna, during ca ge (v) of the g system as a se sed by the FC0	!) it can ertain st eneral ii eparate :	be expected, ated intervals. hstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		-, -				-,-		
						·		
						·		

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	Fidelity Cablevision, L	.LC						3502
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	ifv everv no	nnetwork telev	<i>ision program</i> , broadcast b	v a distant sta	ition. that vo	our cable svs	tem carried on a
	substitute basis during the a	iccounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, or	authorizatio	ns. For a further
Substitute	explanation of the programm				he general in	structions ir	the paper S	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 		ur cable syster	m carry, on a substitute ba	isis, any noni	network tel	evision prog	
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the proo	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if t	heir meaning	g is
				vision program ("substitute	e program") t	hat, during	the account	ting
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ted for the pr	ogramming	of another	station
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			erball. List specific progra		example, i	LOVE LUCY	0
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		concod by	the ECC or	in
	the case of Mexican or Car							
	Column 5: Give the mor	nth and day		stem carried the substitute			ls, with the r	nonth
	first. Example: for May 7 gi		o cubetituto pr	ogram was carried by you	r cablo sveto	m list the	timos accur	atoly
	to the nearest five minutes.			ogram was carried by you ried by a system from 6:0				alely
	stated as "6:00-6:30 p.m."				·			
	Column 7: Enter the lett to delete under FCC rules			n was substituted for prog				
	was substituted for program							ograffi
	effect on October 19, 1976		, ,			0		
						N SUBSTI		
	s	UBSTITUT	E PROGRAM	1		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	1	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
							_	
							_	
								"
							_	
								+
							_	
							_	
								1
								+

Accounting Period:	2020/2		FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Fidelity Cablevision, LLC		5	SYSTEM ID# 3502
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of ho page (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.	secondary transm w to compute this a	ission service amount, see \$ 27	
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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more information BLOCK 1: GROSS RECEIPTS OF \$137,100 C	than \$527,600 ion.	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee th		this six mon	
	accounting period is \$52.00	at you must pay for	this six-mon	
	Line 1. Royalty fee for accounting period			
	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 ar	ıd 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	more than \$137,1	00)	
	1. Base amount under statutory formula	263,800.00	-	
	2. Enter amount of gross receipts from space K		-	
	3. Subtract line 2 from line 1		<u>.</u>	
	4. Enter the amount of gross receipts from space K	· · · <u> </u>		
	5. Enter the amount from line 3	· · · · <u>· · · · · · · · · · · · · · · </u>		
	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 (b	out less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	278,010.00		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	14,210.00	-	
	4. Multiply line 3 by .01	\$	142.10	
	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	\$	1,461.10
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	1,461.10	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	1,481.10
	Important: Your remittance must be in the form of an electronic payment pace See page i of the general instructions in the paper SA1-2 form	• •		ghts!

Accounting Period:	2020/2			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF O Fidelity Cablev	WNER OF CABLE SYSTEM: ision, LLC		SYSTEM ID# 3502
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	, and (2) the cable system's to number of channels on which television broadcast stations number of activated channels ible system carried television	5	16
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of account	ER INFORMATION IS NEEDED (Identify an individual to whom tt.)	
for Further Information	Name	Melinda Lahmann	Telephone	∍ 573-468-1216
	Address	64 N Clark (Number, street, rural route, apartr Sullivan, MO 63080 (City, town, state, zip) melinda.lahmar	nent, or suite number) m@fidelitycommunications.com Fax (optional)	
O Certification	I, the undersigne (Owner (Agent in li X (Office in li I have examined	ed, hereby certify that (Check or r other than corporation or p r of owner other than corpora ine 1 of space B and that the o er or partner) I am an officer (ine 1 of space B. I the statement of account and e, and correct to the best of my	ust be certified and signed in accordance with Copyright Office regulations ane, but only one, of the boxes.) artnership) I am the owner of the cable system as identified in line 1 of space artnership) I am the duly authorized agent of the owner of the cable where is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the legal entity identified as of hereby declare under penalty of law that all statements of fact contained here is knowledge, information, and belief, and are made in good faith. X /s/ Raymond Storck Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	e B; or e system as identified owner of the cable system
		Typed or printed Title: (Title of of	I name: Raymond Storck Vice President of Finance ficial position held in corporation or partnership)	
		Date:	2/11/21	

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
elity Cablevision, LLC	350
 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 YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x 0.00274 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 - x - - (interest charge) * * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> 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, a	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	

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