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

3569

| STATEME | ENT OF ACCOUNT | FOR COPYRIGH | T OFFICE USE ONLY | by email to: |
|----------------|---|--|---|---|
| | ry Transmissions by | DATE RECEIVED | AMOUNT | coplicsoa@loc.gov |
| General instru | oms (Short Form) ctions are located 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 | BY THIS STATEMENT: (YY Period 1 = January 1 - June 30 | YY/(Period)) Period 2 = July 1 - December 31 | |
| Accounting | 2020 | 2 Barcode Data Filing Period (optional - | see instructions) | |
| Period | | | | |
| В | Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent of | | iary of another corporation, give the full cor | porate title |
| Owner | List any other name or names under whi | ch the owner conducts the business of the | e 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.

if this is the system's first filing. If not enter the stom's ID r ed by the Licensing Divisio

| | | 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 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 | 4 | 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 suffciency of the fling, a determination that would be made by a court of law.

Poturn completed workbook

| N - ··· · | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
|----------------------|---|--|
| Name | Fidelity Cablevision, LLC | 3569 |
| D | Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filir | mmunity" is the same as a "community unit" as defined in FCC rules: ted communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter knowr |
| Area | Note: Entities and properties such as hotels, apartments, condominiums, or m identified city. | |
| Served | | |
| | CITY OR TOWN | STATE |
| First Community | Nevada Vernon County (portion) | MO MO |
| dd Rows as Necessary | | |
| iu nows as necessary | | |
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| | LEGAL NAME OF OWNER OF C | | | | | | | FORM SA1 | TEM IC |
|-----------------------|---|---|---|--|---|--|---------------------------------------|--------------------------------------|----------------------|
| Name | Fidelity Cablevision, LL | | | | | | | 313 | 356 |
| | Fidelity Cablevision, LL | .0 | | | | | | | |
| Е | SECONDARY TRANSMISSION | | | | | | | | |
| _ | In General: The information in s system, that is, the retransmission | | | | | | | | |
| Secondary | about other services (including p | | | | | | | | |
| Transmission | last day of the accounting period | d (June 30 or D | ecemb | er 31, as the ca | ise may be | e). | | 0 | |
| Service: Sub- | Number of Subscribers: Both | | | | | | , | , | |
| scribers and Rates | down by categories of secondar each category by counting the n | • | | • | | • | | | |
| Rutes | separately for the particular serv | | | ••• | | | | onarged | |
| | Rate: Give the standard rate of | - | - | • | | | - | - | |
| | unit in which it is generally billed category, but do not include disc | | | | ny standa | rd rate variation | s within a | particular rate | |
| | Block 1: In the left-hand block | | | | ries of sec | ondary transmis | sion servi | ce that cable | |
| | systems most commonly provide | e to their subsc | ribers. | Give the numb | er of subso | ribers and rate | for each lis | sted category | |
| | that applies to your system. Not | | | - | | - | | | |
| | categories, that person or entity subscriber who pays extra for ca | | | | | | • | | |
| | first set" and would be counted of | | | | | | | | |
| | Block 2: If your cable system | - | | • | | | | | |
| | printed in block 1 (for example, t with the number of subscribers a | | | | | | , | | |
| | sufficient. | anu rates, in th | e ngm-i | Iditu Diock. A li | | e-word descript | | Service is | |
| | BLO | OCK 1 | | | | | BLOCK | | I |
| | CATEGORY OF SERVICE | NO. OF SUBSCRIBI | | RATE | CATE | EGORY OF SEF | RVICE | NO. OF SUBSCRIBERS | RAT |
| | Residential: | | | | | | | | |
| | Service to first set | | 933 | 38.99 | | | | | |
| | Service to additional set(s) | | | | | | | | |
| | FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | 3 | 14.00 | | | | | |
| | Commercial | | 6 | 15.00 | | | | | |
| | Converter | | | | | | | | |
| | Residential Non-residential | | | | | | | | |
| | • Non-residential | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | NSMIS | SIONS: RATE | S | | | | |
| F | In General: Space F calls for ra | te (not subscrib | per) info | ormation with re | spect to a | ll your cable sys | stem's serv | vices that were | |
| Г | not covered in space E, that is, t | | | | | | | | |
| Services | service for a single fee. There and furnished at cost or (2) services | • | | | • | | | | |
| Other Than | amount of the charge and the ur | | | | | | | | |
| | | rate column | | | | | | | |
| Secondary | enter only the letters "PP" in the | | l l- l | | | | | | |
| ransmissions: | Block 1: Give the standard rate | te charged by t | | • | | • • | | were not | |
| - | | te charged by t t your cable sys | stem fu | rnished or offer | ed during | the accounting | period that | | |
| ransmissions: | Block 1: Give the standard rat Block 2: List any services that | te charged by t t your cable sys separate charg | stem fu je was i | rnished or offer made or establ | ed during | the accounting | period that | | |
| ransmissions: | Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a | te charged by t t your cable sys separate charg | stem fu je was de the r | rnished or offer made or establ | ed during | the accounting | period that | | |
| ransmissions: | Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE | te charged by t t your cable sy: separate charg otion and includ BLO0 RATE | stem fu ge was de the r CK 1 CATEC | rnished or offer made or establ ate for each. GORY OF SER | ed during shed. List VICE | the accounting | period that vices in the | e form of a | RAT |
| ransmissions: | Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: | te charged by t t your cable sy: separate charg otion and includ BLO(RATE | stem fu ge was de the r CK 1 CATEC Install | rnished or offer made or establ ate for each. GORY OF SER ation: Non-res | ed during shed. List VICE | the accounting these other ser RATE | period that vices in the CATEGO | e form of a BLOCK 2 | |
| ransmissions: | Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable | te charged by t t your cable sy: separate charg otion and includ BLO0 RATE | stem fu ge was de the r CK 1 CATEC Install • Mo | rnished or offer made or establ ate for each. GORY OF SER ation: Non-res tel, hotel | ed during shed. List VICE | the accounting these other ser RATE \$80/hr | cATEGO | e form of a BLOCK 2 | 56.0 |
| ransmissions: | Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel | te charged by t t your cable sy: separate charg otion and includ BLO(RATE | stem fu je was de the r CK 1 CATEC Install • Mo • Co | rnished or offer made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial | ed during shed. List VICE | the accounting these other ser RATE | CATEGO | BLOCK 2 | 56.(13.(|
| ransmissions: | Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection | te charged by t t your cable sy: separate charg otion and includ BLO(RATE | stem fu je was de the r CK 1 CATEO Install • Mo • Co • Pa | rnished or offer made or establ ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable | ed during shed. List VICE idential | the accounting these other ser RATE \$80/hr | CATEGO Tier Digital | BLOCK 2 BLOCK 2 DRY OF SERVICE | 56.0 13.0 12.0 |
| ransmissions: | Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection | te charged by t t your cable sy: separate charg otion and includ BLO(RATE | stem fu je was de the r CK 1 CATEC Install • Mo • Co • Pa • Pa | rnished or offer made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch | ed during shed. List VICE idential | the accounting these other ser RATE \$80/hr | CATEGO | BLOCK 2 BLOCK 2 DRY OF SERVICE | 56.(13.(|
| ransmissions: | Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection | te charged by t t your cable sys separate charg otion and includ BLO(RATE pp | stem fu je was de the r CK 1 CATEC Installa • Mo • Co • Pa • Pa • Fire | rnished or offer made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection | ed during shed. List VICE idential | the accounting these other ser RATE \$80/hr | CATEGO Tier Digital | BLOCK 2 BLOCK 2 DRY OF SERVICE | 56.0 13.0 12.0 |
| ransmissions: | Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set | te charged by t t your cable sy: separate charg otion and includ BLO(RATE | stem fu ge was de the r CK 1 CATEC Install • Mo • Co • Pa • Pa • Fire • Bu | rnished or offer made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch | ed during shed. List VICE idential | the accounting these other ser RATE \$80/hr | CATEGO Tier Digital | BLOCK 2 BLOCK 2 DRY OF SERVICE | 56. 13. 12. |
| ransmissions: | Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) | te charged by t t your cable sys separate charg otion and includ BLO(RATE pp | stem fu ge was de the r CK 1 CATEC Install • Mo • Co • Pa • Fire • Bu Other | rnished or offer made or establ ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable y cable-add'l ch e protection rglar protection | ed during shed. List VICE idential | the accounting these other ser RATE \$80/hr | CATEGO Tier Digital | BLOCK 2 BLOCK 2 DRY OF SERVICE | 56.0 13.0 12.0 |
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| ransmissions: | Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) | te charged by t t your cable sys separate charg otion and includ BLO(RATE pp | stem fu ge was de the r CK 1 CATEC Install • Mo • Co • Pa • Fira • Bui Other • Dis | rnished or offer made or establ ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect | ed during shed. List VICE idential | the accounting these other ser | CATEGO Tier Digital | BLOCK 2 BLOCK 2 DRY OF SERVICE | 56. 13. 12. |

| | | | | FORM SA1-2E. PAGE 3 |
|-------------------------------------|---|---|--|--|
| Name | LEGAL NAME OF OWNER OF | F CABLE SYSTEM: | | SYSTEM ID# |
| | Fidelity Cablevision, | LLC | | 3569 |
| G rimary smitters: evision | PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter | TELEVISION entify every television station (including t m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.67 is explained in the next paragraph. is: With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, in 's call sign. <i>Do not</i> report origination pi d with a station according to its over-the- the form. el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C. n case whether the station is a network s ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- | (1) stations carried only on a part-tile carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruction rogram services such as HBO, ESF -air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indepen- r "E-M" (for noncommercial education ctions in the paper SA1-2 form. | ime basis under ams [sections tions carried on a postitute program _og)—if the o on some other ons. PN, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). |
| | | on of each station. For U.S. stations, list dian stations, if any, give the name of th | • | |
| | | | | |
| | КСРТ | 19.1 | E | KANSAS CITY, MO |
| " | | | | |
| | KFJX | 14.1 | N | PITTSBURG, KS |
| s as Necessary | KFJX-DT2 | 14.2 | I-M | PITTSBURG, KS |
| as Necessary | KFJX-DT2 KFJX-DT3 | 14.2 14.3 | I-M I-M | PITTSBURG, KS PITTSBURG, KS |
| is Necessary | KFJX-DT2 KFJX-DT3 KFJX-DT4 | 14.2 14.3 14.4 | I-M I-M I-M | PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS |
| Necessary | KFJX-DT2 KFJX-DT3 | 14.2 14.3 | I-M I-M | PITTSBURG, KS PITTSBURG, KS |
| s Necessary | KFJX-DT2 KFJX-DT3 KFJX-DT4 KOAM KODE | 14.2 14.3 14.4 | I-M I-M I-M | PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS |
| s Necessary | KFJX-DT2 KFJX-DT3 KFJX-DT4 KOAM | 14.2 14.3 14.4 7.1 | I-M I-M I-M N | PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS |
| s Necessary | KFJX-DT2 KFJX-DT3 KFJX-DT4 KOAM KODE | 14.2 14.3 14.4 7.1 12.1 | I-M I-M I-M N N | PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO |
| is Necessary | KFJX-DT2 KFJX-DT3 KFJX-DT4 KOAM KODE KSHB | 14.2 14.3 14.4 7.1 12.1 41.1 | I-M I-M I-M N N N N | PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO |
| : Necessary | KFJX-DT2 KFJX-DT3 KFJX-DT4 KOAM KODE KSHB KSNF | 14.2 14.3 14.4 7.1 12.1 41.1 16.1 | I-M I-M N N N N N | PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO JOPLIN, MO |
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| s Necessary | KFJX-DT2 KFJX-DT3 KFJX-DT4 KOAM KODE KSHB KSNF KSNF-DT2 KSNF-DT3 | 14.2 14.3 14.4 7.1 12.1 41.1 16.1 16.2 16.3 | I-M I-M N N N N N N I-M I-M | PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO JOPLIN, MO JOPLIN, MO |
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| /s as Necessary | KFJX-DT2 KFJX-DT3 KFJX-DT4 KOAM KODE KSHB KSNF KSNF-DT2 KSNF-DT3 | 14.2 14.3 14.4 7.1 12.1 41.1 16.1 16.2 16.3 | I-M I-M N N N N N N I-M I-M | PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO JOPLIN, MO JOPLIN, MO |
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| is as Necessary | KFJX-DT2 KFJX-DT3 KFJX-DT4 KOAM KODE KSHB KSNF KSNF-DT2 KSNF-DT3 | 14.2 14.3 14.4 7.1 12.1 41.1 16.1 16.2 16.3 | I-M I-M N N N N N N I-M I-M | PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO JOPLIN, MO JOPLIN, MO |
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| EGAL NAME OF | | | ISTEM: | | | | | SYSTEM 3 |
|--|---|---|--|---|---|---|--|----------------------------------|
| | every radio s | tation ca | rried on a separate and discre nerally receivable by your cab | | | | | н |
| eceivable if (1) on the basis of a cor 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 abou m. lentify the call tate whether t the radio stati this by placing sive the statior | y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio | I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (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 pay ed by the cable s e station is licens | adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0 |) it can l ertain st eneral ii eparate a | be expected, ated intervals. nstructions 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 | |
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| Accounting Perio | | | | | | | FOR | M SA1-2E. PAGE 5. |
|----------------------|---|--------------|-------------------|--|-----------------|----------------|----------------|-------------------|
| Nama | LEGAL NAME OF OWNER OF | | STEM: | | | | | SYSTEM ID# |
| Name | Fidelity Cablevision, L | LC | | | | | | 3569 |
| | 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 meanin | 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 | | | | aleiy |
| | 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 | |
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| Accounting Period: | 2020/2 | | | FORM S | A1-2E. PAGE 6. |
|------------------------------------|---|--------------------------|----------------------------------|-------------------------------|-------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Fidelity Cablevision, LLC | | | S | YSTEM ID# 3569 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (as identified in space E) during the accounting period. For a further explanation 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 receipting the statement in space P concerning the statement in space P concerning the statement in space P concerning t | stem's see | condary transm compute this a | ission service amount, see | 3,042.00 |
| 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 bu Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more inf BLOCK 1: GROSS RECEIPTS OF \$137, ⁻ | ut less tha formation | in \$527,600 | 263,800 | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00 Line 1. Royalty fee for accounting period | | | | 0.00 |
| | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add line | es 1 and 2 | | · | |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS | S (but mo | re than \$137,1 | 00) | |
| | 1. Base amount under statutory formula | \$ | 263,800.00 | | |
| | 2. Enter amount of gross receipts from space K | \$ | 203,042.00 | | |
| | 3. Subtract line 2 from line 1 | \$ | 60,758.00 | | |
| | 4. Enter the amount of gross receipts from space K | | \$ 2 | 203,042.00 | |
| | 5. Enter the amount from line 3 | | \$ | 60,758.00 | |
| | 6. Subtract line 5 from line 4 | | \$ 1 | 42,284.00 | |
| | 7. Multiply line 6 by .005 (enter figure here) | | | \$ | 711.42 |
| | 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 a | and 8 | | \$ | 711.42 |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8 | 300 (but l | ess than \$527, | 600) | |
| | 1. Enter the amount of gross receipts from space K | | | | |
| | 2. Base amount under statutory formula | \$ | 263,800.00 | | |
| | 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 | 5, and 6 . | | | |
| | FILING FEE AND TOTAL REMITTANCE DUE | | | | |
| | | | | | |
| Filing Fee and Total Remittance | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) | | \$ | 711.42 | |
| Due | 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 | | | \$ | 731.42 |
| | Important: Your remittance must be in the form of an electronic paymone See page i of the general instructions in the paper SA1-2 | | - | | hts! |

| Accounting Period: | 2020/2 | | | | FORM SA1-2E. PAGE 7 |
|------------------------------------|---|--|--|--|--|
| Name | LEGAL NAME OF C | DWNER OF CABLE SYSTEM: vision, LLC | | | SYSTEM ID# 3569 |
| M Channels | to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca | s, and (2) the cable system's total number of channels on which the | adcast stations | accounting period. | 18 311 |
| N Individual to Be Contacted | | BE CONTACTED IF FURTHER about this statement of account.) | INFORMATION IS NEEDED (Identify ar | individual to whom | |
| for Further Information | Name | Melinda Lahmann | | Telephone | 573-468-1216 |
| | Address | 64 N Clark (Number, street, rural route, apartment Sullivan, MO 63080 (City, town, state, zip) melinda.lahmann@ | , or suite number) 2. fidelitycommunications.com | Fax (optional) | |
| O Certification | I, the undersigned (Owned) (Agening) (Agening) (Agening) (Agening) (Officient) (In the second s | ed, hereby certify that (Check one, er other than corporation or partrent t of owner other than corporation line 1 of space B and that the owner er or partner) I am an officer (if a d line 1 of space B. d the statement of account and here e, and correct to the best of my kno on 1001(1986)] | hership) I am the owner of the cable system n or partnership) I am the duly authorized er is not a corporation or partnership; or corporation) or a partner (if a partnership) eby declare under penalty of law that all st bwledge, information, and belief, and are not solved by X /s/ Raymond Storck ter an electronic signature on the line above ter signature using an "/s/ signature" (e.g., provide the solution of the line above me: Raymond Storck | m as identified in line 1 of space I agent of the owner of the cable of the legal entity identified as ou atements of fact contained herei nade in good faith. | system as identified wner of the cable system |
| | | | ce President Finance | 2/11/21 | |
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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 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 Office'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.

| bunting Period: 2020/2 | FORM SA1-2E. PAGE |
|---|--|
| AL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM II |
| elity Cablevision, LLC | 356 |
| 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? NO | P Special Statement Concerning Gross Receipts Exclusion |
| YES. Enter the total here and list the satellite carrier(s) below | _ |
| Name 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. | Q |
| 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 Assessmer |
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