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

5891

	STATEME	ENT OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY	by email to:
		ry Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
	General instruc	<i>ms (Short Form)</i> 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
	Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YYY	Y/(Period)) Period 2 = July 1 - December 31	
	Accounting Period	20202	Barcode Data Filing Period (optional - s	ee instructions)	
F		Instructions:			
	В	Give the full legal name of the owner of th of the subsidiary, not that of the parent co	-	ry of another corporation, give the full corp	porate title
	Owner	List any other name or names under which	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.
Chark hara if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division

nous if this is the sustaus's first filling	If not ontouthe suctous's ID succession	a sector and but the Lissue in a Division
here if this is the system s first filling.	II not, enter the system's ID numbe	r 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		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a leady 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 suffciency of the fling, a determination that would be made by a court of law.

Return completed workbook

ame	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Fidelity Cablevision, LLC	5891
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known lings.
rea	Note: Entities and properties such as hotels, apartments, condominiums, or	mobile home parks should be reported in parentheses below the
erved	identified city.	
	CITY OR TOWN	STATE
irst	Harrisonville	MO
nity		
is Necessary	/	

								FORM SA1		
Name	LEGAL NAME OF OWNER OF C		:					515	TEM II 589	
	Fidelity Cablevision, LLC 5									
Е	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES									
E	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									
Secondary	about other services (including p									
Transmission	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									
Service: Sub-		•					,			
scribers and Rates	down by categories of secondar each category by counting the n	•		•		•				
	separately for the particular serv	ice at the rate	indicate	ed-not the nun	nber of se	ts receiving serv	/ice).	C		
	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				ries of sec	ondary transmi	ssion servi	ce that cable		
	systems most commonly provide							0,		
	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 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 a									
	sufficient.		Ū			•				
	BLC	DCK 1 NO. OF	:				BLOCK	K 2 NO. OF	1	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	Service to first set		595	38.99						
	Service to additional set(s)									
	• FM radio (if separate rate) Motel, hotel		3	14.00						
	Commercial		ب 1	10.70						
	Converter									
	Residential									
	Non-residential								1	
									1	
	SERVICES OTHER THAN SEC In General: Space F calls for ra						stom's con	views that work		
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		usually	billed. If ally la	ales ale ci	larged on a van	iable hei-h	lografii basis,		
ransmissions:	Block 1: Give the standard rate	te charged by t								
Rates	Block 2: List any services that listed in block 1 and for which a				U U	•	•			
	brief (two- or three-word) description				SHEU. LISU					
		BLO						BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	DRY OF SERVICE	RAT	
	Continuing Services:			ation: Non-res						
	• Pay cable	рр	• Mo	tel, hotel		\$80/hr	Tier		56.	
	 Pay cable—add'l channel 		_	mmercial		\$80/hr	Tier		13.	
	Fire protection			y cable			Digital		12.	
	•Burglar protection			y cable-add'l ch	annel		Digital	lier	7.	
	Installation: Residential	¢00/6		e protection						
	First set Additional set(s)	\$80/hr		rglar protection services:						
	 Additional set(s) FM radio (if separate rate) 			services: connect		\$25				
	• Converter			connect		φ 23				
				tlet relocation						
									1	
			• 1010	ve to new addr	ess					

				0./0751					
Name	LEGAL NAME OF OWNER O			SYSTEN 5					
	Fidelity Cablevision,								
	PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations)								
G	•	entify every television station (including m during the accounting period, <i>excep</i>		,					
	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(a)(2) and (4), or 76, 62 (referring to 76, 61(a)(2) and (4))]; and (2) certain stations carried on a								
Primary ansmitters:	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.								
elevision	Substitute Basis Stations	: With respect to any distant stations of	arried by your cable system on a su	ubstitute program					
	basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> 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 or								
	 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 statio	-							
	"WETA-2" as the same on	d with a station according to its over-th the form.	e-air designation. For example, rep	on mulusteam					
		el number the FCC assigned to the tel	evision station for broadcasting ove	r 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								
		ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational),							
	,	, "E" (for noncommercial educational), erms, see page (iv) of the general instr		uonai mullicastj.					
	Column 4: Give the location	on of each station. For U.S. stations, lis dian stations, if any, give the name of	t the community to which the station						
	FCC. FOI MEXICAN OF CANA	idian stations, il any, give the hame of		in is identified.					
	1. CALL SIGN	CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LO							
	КСРТ	19.1	E	KANSAS CITY, MO					
	ксти	5.1	Ν	KANSAS CITY, MO					
lows as Necessary	KCTV-DT2	5.2	I-M	KANGAS CITY MO					
				KANSAS CITY, MO					
·	KCWE	29.1	I	KANSAS CITY, MO					
	KCWE KCWE-DT2	29.1 29.2	l I-M						
			I I-M N	KANSAS CITY, MO					
	KCWE-DT2	29.2		KANSAS CITY, MO KANSAS CITY, MO					
	KCWE-DT2 KMBC	29.2 9.1	N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO					
	KCWE-DT2 KMBC KMBC-DT2	29.2 9.1 9.2	N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS					
	KCWE-DT2 KMBC KMBC-DT2 KMCI KMOS	29.2 9.1 9.2 38.1 6.1	N I-M I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO					
	KCWE-DT2 KMBC KMBC-DT2 KMCI KMOS KPXE	29.2 9.1 9.2 38.1 6.1 50.1	N I-M I E I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO					
	KCWE-DT2 KMBC KMBC-DT2 KMCI KMOS KPXE KSHB	29.2 9.1 9.2 38.1 6.1 50.1 41.1	N I-M I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO					
	KCWE-DT2 KMBC KMBC-DT2 KMCI KMOS KPXE KSHB KSMO	29.2 9.1 9.2 38.1 6.1 50.1 41.1 62.1	N I-M I E I I N I	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO					
	KCWE-DT2 KMBC KMBC-DT2 KMCI KMOS KPXE KSHB KSMO WDAF	29.2 9.1 9.2 38.1 6.1 50.1 41.1 62.1 4.1	N I-M I E I N I N I N	KANSAS CITY, MOKANSAS CITY, MOKANSAS CITY, MOKANSAS CITY, MOLAWRENCE, KSSEDALIA, MOKANSAS CITY, MO					
	KCWE-DT2 KMBC KMBC-DT2 KMCI KMOS KPXE KSHB KSMO WDAF WDAF-DT2	29.2 9.1 9.2 38.1 6.1 50.1 41.1 62.1 4.1 4.2	N I-M I E I N N N N N N N N N N N N N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO					
	KCWE-DT2 KMBC KMBC-DT2 KMCI KMOS KPXE KSHB KSMO WDAF	29.2 9.1 9.2 38.1 6.1 50.1 41.1 62.1 4.1	N I-M I E I N I N I N	KANSAS CITY, MOKANSAS CITY, MOKANSAS CITY, MOKANSAS CITY, MOLAWRENCE, KSSEDALIA, MOKANSAS CITY, MO					
	KCWE-DT2 KMBC KMBC-DT2 KMCI KMOS KPXE KSHB KSMO WDAF WDAF-DT2	29.2 9.1 9.2 38.1 6.1 50.1 41.1 62.1 4.1 4.2	N I-M I E I N N N N N N N N N N N N N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO					
	KCWE-DT2 KMBC KMBC-DT2 KMCI KMOS KPXE KSHB KSMO WDAF WDAF-DT2	29.2 9.1 9.2 38.1 6.1 50.1 41.1 62.1 4.1 4.2	N I-M I E I N N N N N N N N N N N N N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO					
	KCWE-DT2 KMBC KMBC-DT2 KMCI KMOS KPXE KSHB KSMO WDAF WDAF-DT2	29.2 9.1 9.2 38.1 6.1 50.1 41.1 62.1 4.1 4.2	N I-M I E I N N N N N N N N N N N N N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO					
	KCWE-DT2 KMBC KMBC-DT2 KMCI KMOS KPXE KSHB KSMO WDAF WDAF-DT2	29.2 9.1 9.2 38.1 6.1 50.1 41.1 62.1 4.1 4.2	N I-M I E I N N N N N N N N N N N N N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO					
	KCWE-DT2 KMBC KMBC-DT2 KMCI KMOS KPXE KSHB KSMO WDAF WDAF-DT2	29.2 9.1 9.2 38.1 6.1 50.1 41.1 62.1 4.1 4.2	N I-M I E I N N N N N N N N N N N N N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO					
	KCWE-DT2 KMBC KMBC-DT2 KMCI KMOS KPXE KSHB KSMO WDAF WDAF-DT2	29.2 9.1 9.2 38.1 6.1 50.1 41.1 62.1 4.1 4.2	N I-M I E I N N N N N N N N N N N N N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO					
	KCWE-DT2 KMBC KMBC-DT2 KMCI KMOS KPXE KSHB KSMO WDAF WDAF-DT2	29.2 9.1 9.2 38.1 6.1 50.1 41.1 62.1 4.1 4.2	N I-M I E I N N N N N N N N N N N N N	KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO LAWRENCE, KS SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO					

EGAL NAME OF								SYSTEM 58
	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 stat this by placing ive the statior	y the sys be recei t the Co sign of e he static 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 opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process 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 this point, see pa ed by the cable s le station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC) it can ertain st eneral i eparate	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	
ONLE OIOIT		0,0		ONLE OIGH		0/D		
							·	

Accounting Perio							FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Fidelity Cablevision, L	LC.						5891
	SUBSTITUTE CARRIAG			NT AND PROGRAM I O	G			
I I	In General: In space I, ident	-	-			tion that you		tom carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				Ŭ			
Special	During the accounting per	-			sis anv noni	network telev	ision prog	ram
Statement and		-		n ouny, on a substitute ba	olo, any nom			
Program Log	broadcast by a distant sta	uon?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you ı	must comple	te the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	ir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."					-	
				er "Yes." Otherwise enter				
				asting the substitute progr the community to which th		oopood by th		in
	the case of Mexican or Car							
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		, ,					
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	6:28:30 p.m. s	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour system	was requ	ired
	to delete under FCC rules							
	was substituted for program							9.9.1
	effect on October 19, 1976							
	e		E PROGRAM			N SUBSTIT AGE OCCU		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCO 6. TIN		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	то	
							-	
						_		
					·			
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S١	STEM ID#
Name	Fidelity Cablevision, LLC		5891
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	5,103.00 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 \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form formation.	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 t accounting period is \$52.00	his 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)		
	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		
	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)	
	1. 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		
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 informati		its!

Accounting Period:	2020/2						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OV Fidelity Cablevis	WNER OF CABLE SYSTEM: sion, LLC					SYSTEM ID# 5891
M Channels	 to its subscribers, Enter the total n system carried te Enter the total n on which the cab 	and (2) the cable system's number of channels on which	total numb	st stations	ring the ac	ccounting period.	21
N Individual to Be Contacted		BE CONTACTED IF FURTI out this statement of accou		RMATION IS NEEDED (Ide	ntify an in	dividual to whom	
for Further Information		Melinda Lahmann				Telephone	s 573-468-1216
		64 N Clark (Number, street, rural route, apar Sullivan, MO 63080 (City, town, state, zip)		ite number)			
	Email	melinda.lahma	nn@fideli	itycommunications.com		Fax (optional)	
O Certification	I, the undersigned (Owner (Agent o in lin X (Officer in lin V I have examined t	d, hereby certify that (Check other than corporation or of owner other than corpor he 1 of space B and that the r or partner) I am an officer he 1 of space B. the statement of account and and correct to the best of m	one, <i>but on</i> partnershi ration or pr owner is no (if a corpor d hereby de	rtified and signed in accorda nly one, of the boxes.) ip) I am the owner of the cabl partnership) I am the duly aut ot a corporation or partnershi ration) or a partner (if a partne eclare under penalty of law th ge, information, and belief, ar	e system a chorized aç p; or ership) of t at all state	as identified in line 1 of space gent of the owner of the cable the legal entity identified as o ements of fact contained here	e B; or e system as identified wner of the cable system
				/s/ Raymond Storck electronic signature on the line nature using an "/s/ signature"			
		Typed or printe Title:	Vice P	Raymond Storck President Finance	ip)		
		Date:				2/11/21	

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.

ounting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
elity Cablevision, LLC	589
 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 sub scribers 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	Concerning Gross Receipts Exclusior
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
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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 th 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.