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							
8/29/22	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting	20221 Barcode Data Filing Period (optional - see instructions)
Period	
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	Fidelity Cablevision, LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	CoBridge Broadband, LLC dba Fidelity Communications
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	64 N Clark (Number, street, rural route, apartment, or suite number)
	Sullivan, MO 63080
	(City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
System	1 IDENTIFICATION OF CABLE SYSTEM:
	MAILING ADDRESS OF CABLE SYSTEM:
	2 Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2022/1						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#					
Name	Fidelity Cablevision, LLC						
D	Instructions: List each separate community served by the cable system. A "co" a separate and distinct community or municipal entity (including unincorpor						
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that the "first community." Please use it as the first community on all future file.	at you list will serve as a form of system identification hereafter known					
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the					
	CITY OR TOWN	STATE					
First	Maumelle	AR					
Community	North Little Rock	AR					
-							
Add Rows as Necessary							

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Fidelity Cablevision, LLC

30424

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	400	64.52				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel	2	9.30				
Commercial	6	12.20				
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	60.76
Pay cable—add'l channel		Commercial	\$80/hr	Tier	17.24
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: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 30424

Fidelity Cablevision, LLC

G

Primary Transmitters: Television

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
KARK	4.1	N	LITTLE ROCK, AR
KARK-DT2	4.2	I-M	LITTLE ROCK, AR
KARK-DT3	4.3	I-M	LITTLE ROCK, AR
KARK-DT4	4.4	I-M	LITTLE ROCK, AR
KARZ	42.1	<u> </u>	LITTLE ROCK, AR
KARZ-DT2	42.2	I-M	LITTLE ROCK, AR
KASN	38.1	l	PINE BLUFF, AR
KASN-DT2	38.2	I-M	PINE BLUFF, AR
KATV	7.1	N	LITTLE ROCK, AR
KATV-DT2	7.2	I-M	LITTLE ROCK, AR
KATV-DT3	7.3	I-M	LITTLE ROCK, AR
KATV-DT4	7.4	I-M	LITTLE ROCK, AR
KETS	2.1	E	LITTLE ROCK, AR
KKAP	36.1	<u> </u>	LITTLE ROCK, AR
KLRT	16.1	N	LITTLE ROCK, AR
KLRT-DT2	16.2	I-M	LITTLE ROCK, AR
KMYA-DT	49.1	<u> </u>	LITTLE ROCK, AR
KTHV	11.1	N	LITTLE ROCK, AR
KVTN	25.1	<u> </u>	PINE BLUFF, AR

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Fidelity Cablevision, LLC

30424

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).

CVIT SICK	AM or EM	S/D	LOCATION OF STATION	CALL SICN	AM or EM	S/D	I OCATION OF STATION
CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION
			 				
							
			 				
			 				
	L						

Accounting Perio	nd. 2022/1						FORM	A SA4 2E DACE E		
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURIV	SYSTEM ID#		
Name	Fidelity Cablevision, L	.LC						30424		
	SUBSTITUTE CARRIAG	_	_							
•	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	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Special Statement and										
Program Log	broadcast by a distant sta	tion?					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 complete	the prog	ram		
	log in block 2.									
	2. LOG OF SUBSTITUTI				·			_		
	In General: List each subsclear. If you need more spa				s wherever po	ossible, if their	meaning	IS		
	Column 1: Give the title	of every no	nnetwork tele	vision program ("substitute						
	period, was broadcast by a under certain FCC rules, re									
	Do not use general categor									
	"NBA Basketball: 76ers vs.		1	"" OII	(A.1. 1)					
				er "Yes." Otherwise enter " casting the substitute progr						
	Column 4: Give the broa	adcast stati	on's location (the community to which the	e station is lic		FCC or, i	in		
	the case of Mexican or Car			e community with which the stem carried the substitute			vith the m	onth		
	first. Example: for May 7 gi		wileli your sy	stem camed the substitute	program. O	se numerais, v	viui uie ii	ionai		
				ogram was carried by your				ately		
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example: a	a program car	ried by a system from 6:01	:15 p.m. to 6	5:28:30 p.m. sh	nould be			
	Column 7: Enter the lett			n was substituted for progr						
	to delete under FCC rules was substituted for prograr							ogram		
	effect on October 19, 1976	•	your system w	as permitted to delete und	ei i oo iules	and regulation	115 111			
					T					
	S	LIBSTITLIT	E PROGRAM	1		N SUBSTITU AGE OCCUR		7. REASON FOR		
		2. LIVE?	3. STATION'S	1	5. MONTH	6. TIME		DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО			
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Accounting Period:	2022/1				A1-2E. PAGE	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Fidelity Cablevision, LLC			S	YSTEM ID 3042	
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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 in	system's tion of hov	secondary tra v to compute	ansmission service this amount, see	3,067.00	
Copyright Royalty Fee Copyright Royalty Fee Copyright Royalty Fee 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 \$263. Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.						
	BLOCK 1: GROSS RECEIPTS OF \$13'	7,100 OR	LESS			
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00 Line 1. Royalty fee for accounting period	•		•	ti	
	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	12			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE					
	Base amount under statutory formula	`	263,800.0			
	Enter amount of gross receipts from space K	\$	193,067.00			
	3. Subtract line 2 from line 1	\$	70,733.0			
	4. Enter the amount of gross receipts from space K		. \$	193,067.00		
	5. Enter the amount from line 3		. \$	70,733.00		
	6. Subtract line 5 from line 4		\$	122,334.00		
	7. Multiply line 6 by .005 (enter figure here)			\$	611.67	
	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		\$	611.67	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$260	3,800 (bu	t less than \$	527,600)		
	Enter the amount of gross receipts from space K					
	Base amount under statutory formula			<u> </u>		
	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).					
	6. Interest charge. Enter the amount from line 4, space Q, page 8					
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4, 5, and (6	• •		
	FILING FEE AND TOTAL REMITTANCE DU	JE				
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	611.67		
Due	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			\$	631.67	
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1				ights!	

Accounting Period:	2022/1					FORM SA1-2E. PAGE 7.			
Name	LEGAL NAME OF OV Fidelity Cablevis	WNER OF CABLE SYSTEM: sion, LLC				SYSTEM ID# 30424			
M Channels	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations								
	on which the cal	number of activated channel ble system carried television st services	n broadca	st stations		321			
N Individual to Be Contacted		BE CONTACTED IF FURTH COUNTY THE STATE OF TH		RMATION IS NEEDED (Identify an individual to	o whom				
for Further Information	n .	Melinda Lahmann			Telephone	573-468-1216			
	"(64 N Clark (Number, street, rural route, aparti	tment, or su	te number)					
		Sullivan, MO 63080 (City, town, state, zip)							
	Email	melinda.lahmar	nn@fidel	tycommunications.com Fax (opti	ional)				
0	CERTIFICATION (7	This statement of account m	nust be ce	rtified and signed in accordance with Copyright	Office regulation	s)			
Certification		I, hereby certify that (Check o				_			
				a) I am the owner of the cable system as identified					
	in lin	ne 1 of space B and that the o	owner is n	rtnership) I am the duly authorized agent of the cot a corporation or partnership; or					
	in lin	ne 1 of space B.		ation) or a partner (if a partnership) of the legal ent	•	,			
		and correct to the best of my		clare under penalty of law that all statements of fa e, information, and belief, and are made in good fa		n			
			X	/s/ Quynh Tran					
				electronic signature on the line above to certify this ature using an "/s/ signature" (e.g., /s/ John Smith					
		Typed or printed	d name:	Quynh Tran					
		Title: (Title of o		resident & Treasurer on held in corporation or partnership)					
		Date:		8/2	26/22				

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ounting Period:	2022/1	FORM SA1-2E. PAGE 8
AL NAME OF OW	/NER OF CABLE SYSTEM:	SYSTEM ID#
elity Cablevi	sion, LLC	30424
SPECIAL S The Satellite Howing sentence "In dete service scriber	P Special Statement Concerning Gross	
	mation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form.	Receipts Exclusion
made by satell	counting period, did the cable system exclude any amounts of gross receipts for secondary transmissions lite carriers to satellite dish owners?	
X NO		
YES. Ente	er the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST	ASSESSMENT	
	aplete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ation 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 Assessment
	x	
Line 2 Multipl	ly line 1 by the interest rate* and enter the sum here	
·	x days	-
Line 3 Multipl	ly line 2 by the number of days late and enter the sum here	
Zino o manapi	× 0.00274	-
•	ly line 3 by 0.00274** and enter here	
in spac	ce L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
	the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is th	he decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you a	are filing this worksheet covering a statement of account already submitted to the Copyright Office, please owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner		
Address		
ID number		
First communi		
Accounting pe	riod	

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