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

STATEM	ENT OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	-
	ems (Short Form)		AMOUNT	coplicsoa@loc.gov
· · · · · , · · ·			\$	For additional information,
General instru	ictions are located	02/23/2023		contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
	T			-
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	'YY/(Period))	
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2022/2			
		1		
	20222	Barcode Data Filing Period (optional -	see instructions)	
Accounting				
Period				
	Instructions:	he cable system. If the owner is a subsid	liary of another corporation, give the full c	ornorato
B	title of the subsidiary, not that of the par		alary of another corporation, give the run c	orporate
Owner	List any other name or names under whic	ch the owner conducts the business of th	ne cable system.	
	if there were different owners during the single statement of account and royalty f		he last day of the accounting period should ing period.	d submit a
	Check here if this is the system's first filin	g If not enter the system's ID number a	assigned by the Licensing Division	5891
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	Fidelity Cablevision, LLC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)		
	CoPridge Preedband LLC dbs Eid	lity Communications		
	CoBridge Broadband, LLC dba Fide			
	64 N Clark			
	(Number, street, rural route, apartment, or suite n	umber)		
	Sullivan, MO 63080 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busi			
	names already appear in space B. In line	2, give the mailing address of the	e system, if different from the addre	ss given in space B
System	1			
	MAILING ADDRESS OF CABLE SYSTEM			
	2 (Number, street, rural route, apartment, or suite n	umber)		
	(City, town, state, zip code)			
Privacy Act Notic	e: Section 111 of title 17 of the United States Code au	thorizes the Copyright Offce to collect the	personally identifying information (PII) reque	ested on this

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 sufficiency of the fling, a determination that would be made by a court of law.

Name	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 "a separate and distinct community or municipal entity (including unincorr discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known e filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	or mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	Harrisonville	MO
Rows as Necessary		
,		

								FORM SA	TEM I
Name	LEGAL NAME OF OWNER OF C							513	589
	Fidelity Cablevision, LL	C							503
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES				
E	In General: The information in s	•		-					
0	system, that is, the retransmissio								
Secondary Fransmission	about other services (including p last day of the accounting period						ose existii	ng on the	
Service: Sub-	Number of Subscribers: Both						le system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu							charged	
	separately for the particular server Rate: Give the standard rate c							e and the	
	unit in which it is generally billed	-	-	•			-		
	category, but do not include disc								
	Block 1: In the left-hand block			•					
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca	ble service to a	ddition	al sets would b	e included	in the count und	ler "Servic	e to the	
	first set" and would be counted o					convice that are	difforant fr	om those	
	Block 2: If your cable system I printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.								
	BLO	OCK 1					BLOCH		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CATI	EGORY OF SEF	VICE	NO. OF SUBSCRIBERS	RA
	Residential:	COBCOLUDE		TUTE	0,111		(TIOL	COBCOLUBEILO	101
	Service to first set		397	65.97					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel		3	14.40					
	Commercial		1	10.70					
	Converter								
	Residential								
	 Non-residential 								
									<u> </u>
	SERVICES OTHER THAN SEC						, .		
F	In General: Space F calls for rat not covered in space E, that is, the	•	,		•	• •			
-	service for a single fee. There ar								
a .	furnished at cost or (2) services								
Services	amount of the charge and the un	nit in which it is	usually				hla nar nr	ogram basis,	
Other Than	anter any the letters "DD" in the	rate caluman		billed. If any ra	tes are ch	arged on a varia	ble per-pro		
Other Than Secondary	enter only the letters "PP" in the Block 1: Give the standard rat		ne cable	2		0			
Other Than Secondary		te charged by th		e system for ea	ch of the a	applicable servic	es listed.	were not	
Other Than Secondary ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s	te charged by th t your cable sys separate charge	tem fur e was n	e system for ea nished or offere nade or establis	ch of the a d during t	applicable servic he accounting p	es listed. eriod that		
Other Than Secondary ansmissions:	Block 1: Give the standard rat Block 2: List any services that	te charged by th t your cable sys separate charge	tem fur e was n	e system for ea nished or offere nade or establis	ch of the a d during t	applicable servic he accounting p	es listed. eriod that		
Other Than Secondary ansmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	te charged by the tyour cable syst separate charge otion and includ BLOO	tem fur e was n e the ra CK 1	e system for ea nished or offere nade or establis ate for each.	ch of the a ed during t shed. List t	applicable servic he accounting p these other serv	es listed. eriod that ces in the	form of a BLOCK 2	
Other Than Secondary ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE	te charged by the your cable system is separate charge option and included BLOCERATE	tem fur e was n e the ra CK 1 CATEC	e system for ea nished or offere nade or establis ate for each.	ch of the a ed during t shed. List t	applicable servic he accounting p	es listed. eriod that ces in the	form of a	RAT
Other Than Secondary ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	te charged by the tyour cable system of the	tem fur e was n e the ra CK 1 CATEC Installa	e system for ea nished or offere nade or establis ate for each. GORY OF SER ation: Non-res	ch of the a ed during t shed. List t	pplicable servic he accounting p these other serv	es listed. eriod that to ces in the CATEG	form of a BLOCK 2	
Other Than Secondary ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	te charged by the your cable system is separate charge option and included BLOCERATE	tem fur e was n e the ra CK 1 CATEC Installa • Mo	e system for ea nished or offere nade or establis ate for each. GORY OF SER ation: Non-res tel, hotel	ch of the a ed during t shed. List t	pplicable servic he accounting p these other serv RATE \$80/hr	es listed. eriod that to ces in the CATEGO	form of a BLOCK 2	67.
Other Than Secondary ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	te charged by the tyour cable system of the	tem fur e was n e the ra <u>CK 1</u> <u>CATEC</u> Installa • Mo • Col	e system for ea nished or offere nade or establis ite for each. GORY OF SER ation: Non-res tel, hotel mmercial	ch of the a ed during t shed. List t	pplicable servic he accounting p these other serv	es listed. eriod that of ces in the CATEGO Tier Tier	form of a BLOCK 2 DRY OF SERVICE	RA1 67. 17.
Other Than Secondary ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	te charged by the tyour cable system of the	tem fur e was n e the ra <u>CK 1</u> <u>CATEC</u> Installa • Mo • Coi • Pay	e system for ea nished or offere nade or establis ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable	ch of the a ed during t shed. List t VICE idential	pplicable servic he accounting p these other serv RATE \$80/hr	es listed. eriod that of ces in the CATEGO Tier Tier Digital	form of a BLOCK 2 DRY OF SERVICE Basic	67. 17. 12.
Other Than Secondary ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	te charged by the tyour cable system of the	tem fur e was n e the ra <u>CK 1</u> <u>CATEC</u> Installa • Mo • Co • Pay	e system for ea nished or offere nade or establis ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch	ch of the a ed during t shed. List t VICE idential	pplicable servic he accounting p these other serv RATE \$80/hr	es listed. eriod that of ces in the CATEGO Tier Tier	form of a BLOCK 2 DRY OF SERVICE Basic	67.
Other Than Secondary ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	te charged by the your cable system of the s	tem fur e was n e the ra <u>CK 1</u> <u>CATEC</u> Installa • Mo • Co • Pay • Pay	e system for ea nished or offere nade or establis ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection	ch of the a ed during t shed. List t VICE idential	pplicable servic he accounting p these other serv RATE \$80/hr	es listed. eriod that of ces in the CATEGO Tier Tier Digital	form of a BLOCK 2 DRY OF SERVICE Basic	67. 17. 12.
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Other Than Secondary ansmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s 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 the your cable system of the s	tem fur e was n e the ra CK 1 CATEC Installa • Mo • Co • Pay • Pay • Fire • But • Re	e system for ea nished or offere nade or establis ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	ch of the a ed during t shed. List t VICE idential	pplicable servic he accounting p these other serv RATE \$80/hr	es listed. eriod that of ces in the CATEGO Tier Tier Digital	form of a BLOCK 2 DRY OF SERVICE Basic	67. 17. 12.
Other Than Secondary ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	te charged by the your cable system of the s	tem fur e was n e the ra <u>CK 1</u> <u>CATEC</u> Installa • Mo • Co • Pay • Fire • Bui Other : • Re • Dis	e system for ea nished or offere nade or establis ate for each. BORY OF SER ation: Non-res tel, hotel mmercial y cable y cable y cable-add'l ch e protection rglar protection services:	ch of the a ed during t shed. List t VICE idential	pplicable servic he accounting p these other serv RATE \$80/hr \$80/hr	es listed. eriod that of ces in the CATEGO Tier Tier Digital	form of a BLOCK 2 DRY OF SERVICE Basic	67. 17. 12.

ccounting Period:	2022/2				FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:			SYSTEM ID
	Fidelity Cablevision,	LLC			589 ⁻
G Primary	carried by your cable syste FCC rules and regulations	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6	t (1) stations carried only on a part- he carriage of certain network progr	time basis under ams [sections	
Transmitters: Television	substitute program basis, a Substitute Basis Stations basis under specific FCC r	s explained in the next paragraph. With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t	arried by your cable system on a su	bstitute program	
	basis. For further information Column 1: List each station multicast stream associate "WETA-2" as the same on	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination d with a station according to its over-the the form. el number the FCC assigned to the tele	, see page (v) of the general instruc program services such as HBO, ES e-air designation. For example, rep	tions. PN, etc. Identify each ort multistream	
	of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	/RC is channel 4 in Washington, D.C. n case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), erms, see page (iv) of the general instru- on of each station. For U.S. stations, list idian stations, if any, give the name of t	station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the statior	a noncommercial rendent), "I-M" ional multicast). is licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION O	F STATION
	КСРТ	19.1	E	KANSAS CITY, MO	
	ксти	5.1	Ν	KANSAS CITY, MO	
Add Rows as Necessary	KCTV-DT2	5.2	I-M	KANSAS CITY, MO	
	KCWE	29.1	I	KANSAS CITY, MO	
	KCWE-DT2	29.2	I-M	KANSAS CITY, MO	
	КМВС	9.1	N	KANSAS CITY, MO	
	KMBC-DT2	9.2	I-M	KANSAS CITY, MO	
	КМСІ	38.1	l	LAWRENCE, KS	
	KMOS	6.1	E	SEDALIA, MO	
	KPXE	50.1	I	KANSAS CITY, MO	
	KSHB	41.1	Ν	KANSAS CITY, MO	
	KSMO	62.1	I	KANSAS CITY, MO	
	WDAF	4.1	Ν	KANSAS CITY, MO	
	WDAF-DT2	4.2	I-M	KANSAS CITY, MO	
	WDAF-DT3	4.3	I-M	KANSAS CITY, MO	

EGAL NAME OF			ISTEM.					SYSTEM II 58
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If 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 station	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 a 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 this point, see pa ed by the cable s the station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral ii eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ON LEE OTOTA		0,0		OF ILLE OTOTA		0,12		
						-		

	LEGAL NAME OF OWNER OF						FUR	M SA1-2E. PAGE 5
Name	Fidelity Cablevision, L							SYSTEM ID# 5891
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	accounting pe	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or	authorizatic	ons. For a further
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	During the accounting per	riod, did you	ır cable syster	m carry, on a substitute ba	sis, any noni	network tele	vision prog	gr <u>am</u>
Program Log	broadcast by a distant sta	ition?					YES	× NO
	Note: If your answer is "No	o", leave the	rest of this pa	ige blank. If your answer is	s "Yes," you i	must compl	ete the pro	gram
	log in block 2. 2. LOG OF SUBSTITUTE							
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	ace, please a of every nor distant stati egulations, or ries like "mor . Bulls." m was broad sign of the s adcast statio nadian statio nth and day we "5/7." les when the . Example: a	add additional nnetwork tele ion and that y or authorization vies" or "bask dcast live, entr station broadc on's location (f ons, if any, the when your sy a substitute pr a program carr listed program	rows to the tables. vision program ("substitute our cable system substitut ns. See page (v) of the gen etball." List specific progra er "Yes." Otherwise enter ' casting the substitute progra the community to which the stem carried the substitute ogram was carried by you ried by a system from 6:01 n was substituted for program	e program") t red for the pro- neral instruct in titles, for o 'No." ram. e station is lid e station is lid program. U r cable syste :15 p.m. to 6 ramming tha	hat, during ogramming tions for furt example, "I censed by t lentified). se numeral m. List the f 3:28:30 p.m t your syste	the accoun of another her informa Love Lucy' he FCC or, s, with the r times accur . should be m was <i>req</i>	ting station ation. ' or in month rately uired
		nming that y		as permitted to delete und				ogram
	effect on October 19, 1976	mming that y	/our system w	as permitted to delete und	ler FCC rules	s and regula	ations in TUTE	
	effect on October 19, 1976	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	s and regula N SUBSTI AGE OCC	TUTE URRED IMES	
	effect on October 19, 1976	uming that y	our system w	as permitted to delete und	er FCC rules WHE CARRI	s and regula N SUBSTI	TUTE URRED	7. REASON FC
	effect on October 19, 1976	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	s and regula N SUBSTI AGE OCC	TUTE URRED IMES	7. REASON FC
	effect on October 19, 1976	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	s and regula N SUBSTI AGE OCC	TUTE URRED IMES	7. REASON FC
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	effect on October 19, 1976	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	s and regula N SUBSTI AGE OCC	TUTE URRED IMES	7. REASON FC
	effect on October 19, 1976	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	s and regula N SUBSTI AGE OCC	TUTE URRED IMES	7. REASON FC
	effect on October 19, 1976	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	s and regula N SUBSTI AGE OCC	TUTE URRED IMES	7. REASON FC
	effect on October 19, 1976	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	s and regula N SUBSTI AGE OCC	TUTE URRED IMES	7. REASON FC
	effect on October 19, 1976	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	s and regula N SUBSTI AGE OCC	TUTE URRED IMES	7. REASON FC
	effect on October 19, 1976	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	s and regula N SUBSTI AGE OCC	TUTE URRED IMES	7. REASON FC
	effect on October 19, 1976	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	s and regula N SUBSTI AGE OCC	TUTE URRED IMES	7. REASON FO
	effect on October 19, 1976	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	s and regula N SUBSTI AGE OCC	TUTE URRED IMES	7. REASON FO
	effect on October 19, 1976	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	s and regula N SUBSTI AGE OCC	TUTE URRED IMES	7. REASON FO
	effect on October 19, 1976	UBSTITUTE	our system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	s and regula N SUBSTI AGE OCC	TUTE URRED IMES	7. REASON FO

Accounting Period:	2022/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Fidelity Cablevision, LLC		S	YSTEM ID# 5891
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amounts (gross receipts) paid to your cable system by subscribers for the system's see (as identified in space E) during the accounting period. For a further explanation of how to 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.	condary transi o compute this	mission servic amount, see	e 0,368.00
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 tha • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less tha • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less tha See page (vi) of the general instructions located in the paper SA1-2 form for more information	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that y accounting period is \$52.00 Line 1. Royalty fee for accounting period			I
	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			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mor	re than \$137,	100)	
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K	150,368.00		
	3. Subtract line 2 from line 1	113,432.00		
	4. Enter the amount of gross receipts from space K	\$ 1	50,368.00	
	5. Enter the amount from line 3	\$1	13,432.00	
	6. Subtract line 5 from line 4	\$	36,936.00	
	7. Multiply line 6 by .005 (enter figure here)	·····.	\$	184.68
	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	· · · · · · · · · · · · · · · · · · ·	\$	184.68
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but le	ess than \$527	,600)	
	1. Enter the amount of gross receipts from space K			
		263,800.00		
	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)	\$	184.68	
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		\$	204.68
	Important: Your remittance must be in the form of an electronic payment payab See page i of the general instructions in the paper SA1-2 form for	-		ghts!

Nome	Accounting Period:	2022/2					FORM SA1-2E. PAGE 7
M Instructions: You must up (* (*) the subserved of channels on which the cable system carried belowsen tradecast stations is its subservers, and (?) the cable system statia number of activated channels during the accounting particl. 21 Channels 1. Endore the total number of activated channels on which the cable 21 Interventions: on which the cable system carried belowsen tradecast stations on which the cable 303 N Interventions: on which the cable system carried belowsen tradecast stations on which the cable system carried belowsen tradecast stations on which the cable system carried belowsen tradecast stations on which the cable system carried belowsen tradecast stations on which the cable system carried belowsen tradecast stations on which the cable system carried belowsen tradecast stations on which the cable system carried belowsen tradecast stations on which the cable system carried belowsen tradecast stations on which the cable system carried belowsen tradecast stations on which the cable system carried belowsen tradecast stations on which the cable system carried belowsen tradecast stations on which the cable system carried belowsen tradecast stations on tradecast stations on the cable system carried belowsen tradecast stations on constructions carried belowsen tradecast stations on the cable system carried belowsen tradocast stations on the cab	Name						SYSTEM ID# 5891
Individual to Be Contacted for Further Information Name Melinda Lahmann Telephone 573.468-1216 Address 64 N Clark (Name interfacts patronic, or submersion) Telephone 573.468-1216 Address 64 N Clark (Name interfacts patronic, or submersion) Fax (optiona) Contacted information Email Melinda Lahmann@fdelitycommunications.com Fax (optiona) Contacted information Certification Fax (optiona) Fax (optiona) Contacted in the 1 of space 8 and matthe over in in a coopration or pathematic; or use in the 1 of space 8 and matthe over in in a coopration or pathematic; or use in the 1 of space 8 and matthe over in an coopration or pathematic; or use in the 1 of space 8 and matthe over in an coopration or pathematic; or use in the 1 of space 8 and matthe over in an cooporation or pathematic; or use in the 1 of space 8 and matthe over in an cooporation or pathematic; or use in the 1 of space 8 and matthe over in an cooporation or pathematic; or use in the 1 of space 8 and matthe over in an cooporation or pathematic; or use in the 1 of space 8 and matthe over in an cooporation or pathematic; or use in the 1 of space 8 and matthe over in an cooporation or pathematic; or use in the 1 of space 8 and matthe over in an cooporation or pathematic; or use in the 1 of space 8 and matthe over in an cooporation or pathematic; or use in the 1 of space 8 and matthe over in an cooporation or pathematic; or use in the 1 of space 8 and matthe over in an cooporation or pathematic; or use in the 1 of space 8 and matthe over in an cooporation or pathematic; or use in the 1 of space 8 and matthe over in an cooporation or pathematic;		Instructions: You to its subscribers, 1. Enter the total r system carried t 2. Enter the total r on which the cal	, and (2) the cable system's number of channels on which television broadcast stations number of activated channe ble system carried television	total num ch the cab s els n broadca	nber of activated channels during the	accounting period.	21
Name Melinda Lahmann Telephone 573-468-1216 Address 64 N Clark Muttore: street room, apartment, or such number) Sullivan, MO 63080 (City, town, stee, corr Email melinda.lahmann@Ridelitycommunications.com Fax (optional) (City, town, stee, corr Certification • 1, the undersigned, hereby certify that (Check one.but any one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or • 1, the undersigned, hereby certify that (Check one.but any one, of the boxes.) (Office or partner) I am an officer (If a corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or • 1 have examined the slatement of account and hereby declare under preative (If a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • 1 have examined the slatement of account and hereby declare under preative (If a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • 1 have examined the slatement of account and hereby declare under preative (If a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • 1 have examined the slate of my knowledge, information, and belief, and are made in good faith. If U.S.C., Section 1001(1986) <t< th=""><th>Individual to</th><th></th><th></th><th></th><th>ORMATION IS NEEDED (Identify an</th><th>individual to whom</th><th></th></t<>	Individual to				ORMATION IS NEEDED (Identify an	individual to whom	
[Number: struct, user tools, apartment; or solve number] Still/stan, MO 63080 [City, toon state: .ip) Email melinda.lahmann@fidelitycommunications.com Fax Fax (optiona) O Certification Certification It he undersigned, hereby certify that (Check one, but only one, of the boxes.) [] [] (Owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or [] (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) or a partner (I a partnership) or the legal entity identified as owner of the cable system in line 1 of space B. In line 1 of space B. [] (Origot or partnership) I am an office (If a corporation) or a partner (I a partnership) or the legal entity identified as owner of the cable system in retrue, complete, and correct to the best of my knowledge, information, and belief, and are made in good fash. [] (B U.S.C., Section 1001(1966)] [] There an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: [] (Due President & Treasurer [] (The or definit position heid in cooporition or partneretify) [for Further	Name	Melinda Lahmann			Telephone	573-468-1216
Certification Certification • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • 0 (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or • 0 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or • 1 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or • 1 (Offere or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • 1 have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. (B U.S.C., Section 1001(1986)) Enter an electronic signature on the line above to certify this statement. Enter signature using an "/d signature" (e.g., /d John Smith) Typed or printed name: Quynh Tran Title: Vice President & Treasurer Title: Vice President & Treasurer Citle of ender portion bed in corporation or partnership) Citle of ender portion or partnership)			(Number, street, rural route, apar Sullivan, MO 63080 (City, town, state, zip)			Fou (optional)	
O Certification • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) Image: Complete in the comporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or Image: Complete in the comporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or Image: Complete in the comporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or Image: Complete in the comporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; Image: Complete in the comporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; Image: Complete in the comporation of partnership) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. Image: Note Complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. IB U.S.C., Section 1001(1986)] Image: Complete in a electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Quynh Tran Tribe of official position heid in corporation or partnership)		Email	melinda.lanma	nn@fide	Intycommunications.com	Fax (optional)	
Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Quynh Tran Title: Vice President & Treasurer (Title of official position held in corporation or partnership)	-	I, the undersigned (Owner (Agent of in lin X (Officer in lin I have examined t are true, complete,	d, hereby certify that (Check of other than corporation or p of owner other than corpor- ne 1 of space B and that the r or partner) I am an officer (ne 1 of space B. the statement of account and , and correct to the best of m	one, <i>but or</i> partnershi ation or p owner is n (if a corpor	nly one, of the boxes.) ip) I am the owner of the cable system a partnership) I am the duly authorized ag not a corporation or partnership; or aration) or a partner (if a partnership) of the eclare under penalty of law that all state	as identified in line 1 of space f gent of the owner of the cable s the legal entity identified as ow ements of fact contained herein	B; or system as identified ner of the cable system
Title: Vice President & Treasurer (Title of official position held in corporation or partnership)				Enter an	electronic signature on the line above to		
(Title of official position held in corporation or partnership)			Typed or printed	d name:	Quynh Tran		
Date: 2/23/23							
			Date:			2/23/23	

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 telephon 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 i 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 th 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: 2022/2		FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM II
elity Cablevision, LLC		589
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the lowing sentence: "In determining the total number of subscribers and the gross amounts paid to service of providing secondary transmissions of primary broadcast transmitters scribers and amounts collected from subscribers receiving secondary transmiss For more information on when to exclude these amounts, see the note on page (vii) or located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross recomade by satellite carriers to satellite dish owners? X NO 	Copyright Act by adding the fol- the cable system for the basic s, the system shall not include sub- ssions pursuant to section 119." f the general instructions eipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below. Name Name Mailing Address	· · • • •	
Щ		
INTEREST ASSESSMENT		
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of For an explanation of interest assessment, see page (viii) of the general instructions le		Q
You must complete this worksheet for those royalty payments submitted as a result of	ocated in the paper SA1-2 form.	Q Interest Assessmen
You must complete this worksheet for those royalty payments submitted as a result of For an explanation of interest assessment, see page (viii) of the general instructions le Line 1 Enter the amount of late payment or underpayment	x	Q Interest Assessmen
You must complete this worksheet for those royalty payments submitted as a result of For an explanation of interest assessment, see page (viii) of the general instructions le	x	
You must complete this worksheet for those royalty payments submitted as a result of For an explanation of interest assessment, see page (viii) of the general instructions le Line 1 Enter the amount of late payment or underpayment	xdays	
You must complete this worksheet for those royalty payments submitted as a result of For an explanation of interest assessment, see page (viii) of the general instructions le Line 1 Enter the amount of late payment or underpayment	xdays	
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You must complete this worksheet for those royalty payments submitted as a result of For an explanation of interest assessment, see page (viii) of the general instructions in Line 1 Enter the amount of late payment or underpayment	x	

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