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 COPYRIG                                | HT OFFICE USE ONLY  | Return completed workbook by email to:  |
|----------------------|---|--|---|---|
|                      | ry Transmissions by   | DATE RECEIVED                              | AMOUNT  | <u> </u>  |
| General instru       | ems (Short Form)<br>actions are located<br>of this workbook   | 08/24/2023                                 | \$ ALLOCATION NUMBER  | For additional information,<br>contact the U.S. Copyright<br>Office Licensing Division at:<br>Tel: (202) 707-8150 |
| A                    | ACCOUNTING PERIOD COVERED   | BY THIS STATEMENT: (Y                      | YYY/(Period))   |   |
|                      | 2023/1  | Period 1 = January 1 - June 30             | Period 2 = July 1 - December 31                             |   |
|                      | 2023:   | Barcode Data Filing Period (optiona        | I - see instructions)                                       |   |
| Accounting<br>Period |   |  |   |   |
| В                    | Instructions:<br>Give the full legal name of the owner of<br>title of the subsidiary, not that of the par |  | sidiary of another corporation, give the full               | corporate   |
| Owner                | List any other name or names under whi  | ch the owner conducts the business of      | the cable system.   |   |
|                      | If there were different owners during the single statement of account and royalty                         |  | n the last day of the accounting period shoul nting period. | d submit a  |
|                      | Check here if this is the system's first fili   | ng. If not, enter the system's ID numbe    | r assigned by the Licensing Division.                       | 27366   |
|                      | LEGAL NAME OF OWNER/MAILIN  | IG ADDRESS OF CABLE SYSTEM                 | Λ   |   |
|                      | Fidelity Cablevision, LLC   |  |   |   |
|                      | BUSINESS NAME(S) OF OWNER O   | F CABLE SYSTEM (IF DIFFEREN                | Т)  |   |
|                      | CoBridge Broadband, LLC dba Fid   | -  |   |   |
|                      | MAILING ADDRESS OF OWNER OF<br>64 N Clark   | CABLE SYSTEM                               |   |   |
|                      | (Number, street, rural route, apartment, or suite<br>Sullivan, MO 63080                                   | number)                                    |   |   |
|                      | (City, town, state, zip)<br>INSTRUCTIONS: In line 1, give any busi  | ness or trade names used to ide            | antify the business and operation of t                      | he system unless these  |
| C                    | names already appear in space B. In line  |  |   |   |
| System               | 1   |  |   |   |
|                      | MAILING ADDRESS OF CABLE SYSTEM   | Λ:   |   |   |
|                      | 2 (Number, street, rural route, apartment, or suite   | number)                                    |   |   |
|                      | (City, town, state, zip code)   |  |   |   |
| Privacy Act Notice   | e: Section 111 of title 17 of the United States Code au   | thorizes the Copyright Offce to collect th | e personally identifying information (PII) reque            | ested on this   |

Privacy Act Notice: Section 111 of title 117 of the United States Code aution/zes the Copyinght 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.

| Name                | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM I   |
|---------------------|--|--|
| Name                | Fidelity Cablevision, LLC  | 273  |
| D                   | Instructions: List each separate community served by the cable system. A "commu<br>"a separate and distinct community or municipal entity (including unincorporated or<br>discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you<br>as the "first community." Please use it as the first community on all future filings. | communities within unincorporated areas and including single<br>list will serve as a form of system identification hereafter kno |
| Area<br>Served      | Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.   | home parks should be reported in parentheses below the   |
|                     |  |  |
| <b>F</b> 1          | CITY OR TOWN   | AR   |
| First<br>Community  | Hardy<br>Cherokee Village  |  |
| <b>,</b>            | Highland   | AR   |
| d Rows as Necessary |  |  |
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|                               | LEGAL NAME OF OWNER OF C  | ABLE SYSTEM      | :             |                  |             |                   |             |                 | -2E. PAGE |
|-------------------------------|---|------------------|---------------|------------------|-------------|-------------------|-------------|-----------------|-----------|
| Name                          | Fidelity Cablevision, LL  |                  | •             |                  |             |                   |             | 010             | 2736      |
|                               |   | 0551/05          |               |                  |             |                   |             |                 |           |
| E                             | SECONDARY TRANSMISSION<br>In General: The information in s                            |                  |               |                  |             | v transmission    | service of  | the cable       |           |
|                               | system, that is, the retransmission   |                  |               | -                |             | •                 |             |                 |           |
| Secondary                     | about other services (including p   |                  |               |                  |             |                   | those exis  | ting on the     |           |
| Transmission                  | last day of the accounting period   |                  |               |                  |             |                   | hle evetem  | halten          |           |
| Service: Sub-<br>scribers and | Number of Subscribers: Both<br>down by categories of secondary                        | •                |               |                  |             |                   |             |                 |           |
| Rates                         | each category by counting the n   |                  |               |                  |             |                   |             |                 |           |
|                               | separately for the particular serv  |                  |               |                  |             | •                 | ,           | -               |           |
|                               | Rate: Give the standard rate c  | -                | -             | •                |             |                   |             | -               |           |
|                               | unit in which it is generally billed<br>category, but do not include disc             |                  |               |                  | iny standa  | rd rate variation | is within a | particular rate |           |
|                               | Block 1: In the left-hand block   |                  |               |                  | ries of sec | ondary transmis   | ssion servi | ce that cable   |           |
|                               | systems most commonly provide   |                  |               | -                |             |                   |             |                 |           |
|                               | that applies to your system. Not  |                  |               | -                |             | -                 |             |                 |           |
|                               | categories, that person or entity<br>subscriber who pays extra for ca                 |                  |               |                  |             |                   | •           |                 |           |
|                               | first set" and would be counted of  |                  |               |                  |             |                   |             |                 |           |
|                               | Block 2: If your cable system   |                  |               |                  |             | service that are  | e different | from those      |           |
|                               | printed in block 1 (for example, t  |                  |               |                  |             |                   |             |                 |           |
|                               | with the number of subscribers a  | ind rates, in th | e right-l     | hand block. A t  | vo- or thre | e-word descript   | ion of the  | service is      |           |
|                               | sufficient.<br>BI (   | DCK 1            |               |                  |             |                   | BLOCK       | (2              |           |
|                               |   | NO. OF           |               |                  |             |                   |             | NO. OF          |           |
|                               | CATEGORY OF SERVICE   | SUBSCRIB         | ERS           | RATE             | CATE        | EGORY OF SEF      | RVICE       | SUBSCRIBERS     | RATE      |
|                               | Residential:  |                  | 319           | 63.60            |             |                   |             |                 |           |
|                               | Service to first set  |                  | 313           | 03.00            |             |                   |             |                 |           |
|                               | <ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> </ul> |                  |               |                  |             |                   |             |                 |           |
|                               | Motel, hotel  |                  | 2             | 14.50            |             |                   |             |                 |           |
|                               | Commercial  |                  | <u>د</u><br>2 | 22.70            |             |                   |             |                 |           |
|                               | Converter   |                  | -             | 22.70            |             |                   |             |                 |           |
|                               | Residential   |                  |               |                  |             |                   |             |                 |           |
|                               | Non-residential   |                  |               |                  |             |                   |             |                 |           |
|                               |   |                  |               |                  |             |                   |             |                 |           |
|                               | SERVICES OTHER THAN SEC   | ONDARY TRA       | NSMIS         | SIONS: RATE      | S           |                   |             |                 |           |
| F                             | In General: Space F calls for rat   |                  |               |                  |             |                   |             |                 |           |
| I                             | not covered in space E, that is, t<br>service for a single fee. There ar              |                  |               |                  |             |                   |             |                 |           |
| Services                      | furnished at cost or (2) services   |                  |               |                  |             |                   |             |                 |           |
| Other Than                    | amount of the charge and the un   |                  |               |                  |             |                   |             |                 |           |
| Secondary                     | enter only the letters "PP" in the  |                  |               |                  |             |                   |             |                 |           |
| ransmissions:<br>Rates        | Block 1: Give the standard rat<br>Block 2: List any services that                     |                  |               |                  |             |                   |             | twere not       |           |
| Nates                         | listed in block 1 and for which a   |                  |               |                  | 0           | 0                 | •           |                 |           |
|                               | brief (two- or three-word) descrip  |                  | -             |                  |             |                   |             |                 |           |
|                               |   | BLO              | CK 1          |                  |             |                   |             | BLOCK 2         |           |
|                               | CATEGORY OF SERVICE   | RATE             |               | GORY OF SER      | VICE        | RATE              | CATEGO      | DRY OF SERVICE  | RATE      |
|                               | Continuing Services:  |                  | Install       | ation: Non-res   | idential    |                   |             |                 |           |
|                               | • Pay cable   | PP               | • Mo          | itel, hotel      |             | \$80/hr           | Tier        |                 | 67.7      |
|                               | <ul> <li>Pay cable—add'l channel</li> </ul>   |                  | • Co          | mmercial         |             | \$80/hr           | Tier        |                 | 17.2      |
|                               | <ul> <li>Fire protection</li> </ul>   |                  | •Pa           | y cable          |             |                   | Digital     |                 | 12.0      |
|                               | <ul> <li>Burglar protection</li> </ul>  |                  | •Pa           | y cable-add'l ch | annel       |                   | Digital     | Tier            | 7.9       |
|                               | Installation: Residential   |                  | • Fire        | e protection     |             |                   |             |                 |           |
|                               | • First set   | \$80/hr          | • Bu          | rglar protection |             |                   |             |                 |           |
|                               | <ul> <li>Additional set(s)</li> </ul>   |                  |               | services:        |             |                   |             |                 |           |
|                               | <ul> <li>FM radio (if separate rate)</li> </ul>                                       |                  |               | connect          |             | \$25              |             |                 |           |
|                               | Converter   |                  |               | sconnect         |             |                   |             |                 |           |
|                               |   |                  | ۰Ou           | tlet relocation  |             |                   |             |                 |           |
|                               |   |                  |               | ve to new addr   |             |                   |             |                 |           |

|                                      |   |  |   | SVSTE   |
|--------------------------------------|---|--|---|---|
| Name                                 | LEGAL NAME OF OWNER O   |  |   | SYSTE<br>2  |
|                                      | Fidelity Cablevision,<br>PRIMARY TRANSMITTERS:  |  |   |   |
| G<br>rimary<br>smitters:<br>levision | carried by your cable syste<br>FCC rules and regulations<br>76.59(d)(2) and (4), 76.61(<br>substitute program basis, a<br><b>Substitute Basis Stations</b><br>basis under specific FCC r<br>• Do <i>not</i> list the station her<br>station was carried <i>only</i> or<br>• List the station here, and<br>basis. For further informatic<br><b>Column 1</b> : List each statio<br>multicast stream associate<br>"WETA-2" as the same on<br><b>Column 2</b> : Give the chann<br>of license. For example, W<br><b>Column 3</b> : Indicate in each<br>educational station, by ente<br>(for independent multicast)<br>For the meaning of these to<br><b>Column 4</b> : Give the location | also in space I, if the station was carried<br>on concerning substitute basis stations,<br>n's call sign. <i>Do not</i> report origination p<br>d with a station according to its over-the | (1) stations carried only on a part-<br>ne carriage of certain network progr<br>1(e)(2) and (4))]; and (2) certain state<br>arried by your cable system on a su<br>ne Special Statement and Program<br>d both on a substitute basis and als<br>see page (v) of the general instruct<br>program services such as HBO, ESI<br>e-air designation. For example, rep-<br>evision station for broadcasting over<br>station, an independent station, or a<br>for network multicast), "I" (for indep<br>or "E-M" (for noncommercial education<br>totions in the paper SA1-2 form.<br>the community to which the station | time basis under<br>tams [sections<br>ations carried on a<br>lostitute program<br>Log)—if the<br>to on some other<br>tions.<br>PN, etc. Identify each<br>ort multistream<br>the air in its community<br>a noncommercial<br>bendent), "I-M"<br>ional multicast).<br>a is licensed by the |
|                                      | 1. CALL SIGN  | 2. B'CAST CHANNEL NUMBER   | 3. TYPE OF STATION  | 4. LOCATION OF STATION  |
|                                      |   |  | 3. THE OF STATION   |   |
|                                      | K36NN-D   | 36   |   | WEST PLAINS, MO   |
|                                      |   | 27   | N-M   | JONESBORO, AR   |
| vs as Necessary                      | KAIT-DT2  | 27.2<br>27.3   | N-M<br>I-M  | JONESBORO, AR   |
|                                      | KAIT-DT3  | ۷۱.۵   | I-IVI   | JONESBORO, AR   |
|                                      |   | -  |   |   |
|                                      | KETS  | 7  | E   |   |
|                                      | KJNB-LD1  | 16   |   | JONESBORO, AR   |
|                                      | KJNB-LD1<br>KJNB-LD2  | 16<br>16.2   | E<br>I<br>N-M   | JONESBORO, AR<br>JONESBORO, AR  |
|                                      | KJNB-LD1<br>KJNB-LD2<br>KJNB-LD3  | 16<br>16.2<br>16.3   | i<br>N-M<br>i-M   | JONESBORO, AR<br>JONESBORO, AR<br>JONESBORO, AR   |
|                                      | KJNB-LD1<br>KJNB-LD2<br>KJNB-LD3<br>KSPR-DT2  | 16<br>16.2<br>16.3<br>34.2   | I<br>N-M  | JONESBORO, AR<br>JONESBORO, AR<br>JONESBORO, AR<br>SPRINGFIELD, MO  |
|                                      | KJNB-LD1<br>KJNB-LD2<br>KJNB-LD3<br>KSPR-DT2<br>KVTN-DT   | 16<br>16.2<br>16.3<br>34.2<br>24   | I<br>N-M<br>I-M<br>I-M<br>I   | JONESBORO, AR<br>JONESBORO, AR<br>JONESBORO, AR<br>SPRINGFIELD, MO<br>PINE BLUFF, AR  |
|                                      | KJNB-LD1<br>KJNB-LD2<br>KJNB-LD3<br>KSPR-DT2  | 16<br>16.2<br>16.3<br>34.2   | i<br>N-M<br>i-M   | JONESBORO, AR<br>JONESBORO, AR<br>JONESBORO, AR<br>SPRINGFIELD, MO  |
|                                      | KJNB-LD1<br>KJNB-LD2<br>KJNB-LD3<br>KSPR-DT2<br>KVTN-DT   | 16<br>16.2<br>16.3<br>34.2<br>24   | I<br>N-M<br>I-M<br>I-M<br>I   | JONESBORO, AR<br>JONESBORO, AR<br>JONESBORO, AR<br>SPRINGFIELD, MO<br>PINE BLUFF, AR  |
|                                      | KJNB-LD1<br>KJNB-LD2<br>KJNB-LD3<br>KSPR-DT2<br>KVTN-DT   | 16<br>16.2<br>16.3<br>34.2<br>24   | I<br>N-M<br>I-M<br>I-M<br>I   | JONESBORO, AR<br>JONESBORO, AR<br>JONESBORO, AR<br>SPRINGFIELD, MO<br>PINE BLUFF, AR  |
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|                                      | KJNB-LD1<br>KJNB-LD2<br>KJNB-LD3<br>KSPR-DT2<br>KVTN-DT   | 16<br>16.2<br>16.3<br>34.2<br>24   | I<br>N-M<br>I-M<br>I-M<br>I   | JONESBORO, AR<br>JONESBORO, AR<br>JONESBORO, AR<br>SPRINGFIELD, MO<br>PINE BLUFF, AR  |
|                                      | KJNB-LD1<br>KJNB-LD2<br>KJNB-LD3<br>KSPR-DT2<br>KVTN-DT   | 16<br>16.2<br>16.3<br>34.2<br>24   | I<br>N-M<br>I-M<br>I-M<br>I   | JONESBORO, AR<br>JONESBORO, AR<br>JONESBORO, AR<br>SPRINGFIELD, MO<br>PINE BLUFF, AR  |
|                                      | KJNB-LD1<br>KJNB-LD2<br>KJNB-LD3<br>KSPR-DT2<br>KVTN-DT   | 16<br>16.2<br>16.3<br>34.2<br>24   | I<br>N-M<br>I-M<br>I-M<br>I   | JONESBORO, AR<br>JONESBORO, AR<br>JONESBORO, AR<br>SPRINGFIELD, MO<br>PINE BLUFF, AR  |

| EGAL NAME OF  |   |  |  |   |   |   |  | SYSTEM<br>27                     |
|---|---|--|--|---|---|---|--|----------------------------------|
|   | every radio s   | tation ca  | rried on a separate and discre<br>nerally receivable by your cab   |   |   |   |  | н                                |
| eccivable if (1)<br>on the basis of r<br>For detailed info<br>paper SA1-2 for<br>Column 1: Id<br>Column 2: S<br>Column 3: If<br>signal, indicate t<br>Column 4: G | it is carried by<br>monitoring, to<br>prmation about<br>m.<br>lentify the call<br>tate whether the<br>the radio stati<br>this by placing<br>ive the station | v the sys<br>be receivent<br>t the Co<br>sign of e<br>he statio<br>on's sign<br>a check<br>or sign | I-Band FM Carriage: Under C<br>tem whenever it is received at<br>ved at the headend, with the s<br>pyright Office regulations on t<br>each station carried.<br>n is AM or FM.<br>nal was electronically process<br>mark in the "S/D" column.<br>on (the community to which the<br>the community with which the | t the system's he<br>system's FM ante<br>his point, see pag<br>ed by the cable s<br>e station is licens | adend, and (2<br>nna, during ca<br>ge (v) of the g<br>ystem as a se<br>sed by the FC0 | ) it can t<br>ertain sta<br>eneral ir<br>parate a | be expected,<br>ated intervals.<br>Istructions in the.<br>and discrete | Primary<br>Transmitters<br>Radio |
|   | AM  | 0/0  |  |   |   | 0/5   |  |                                  |
| CALL SIGN   | AM or FM  | S/D  | LOCATION OF STATION  | CALL SIGN   | AM or FM  | S/D   | LOCATION OF STATION  |                                  |
|   |   |  |  |   |   |   |  |                                  |
|   |   |  |  |   |   |   |  |                                  |
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|   |   |  |  |   | L   |   |  |                                  |
|   |   |  |  |   |   |   |  |                                  |
|   |   |  |  |   |   |   |  |                                  |

| Accounting Perio             |  |  |  |  |  |   |  | M SA1-2E. PAGE                                       |
|------------------------------|--|--|--|--|--|---|--|--|
| Name                         | LEGAL NAME OF OWNER OF<br>Fidelity Cablevision, L  |  | TEM:   |  |  |   |  | SYSTEM ID:<br>27360                                  |
|                              | SUBSTITUTE CARRIAG   | E: SPECIAI   |  | NT AND PROGRAM L   | OG   |   |  |  |
|                              | In General: In space I, ident<br>substitute basis during the a<br>explanation of the programn  | accounting per   | eriod, under sp  | pecific present and former   | FCC rules, reg   | ulations, or  | authorizatio   | ons. For a further                                   |
| Carriage:                    | 1. SPECIAL STATEMEN  |  |  |  | 5  |   |  |  |
| Special                      | <ul> <li>During the accounting per</li> </ul>  | -  |  |  | asis, any noni   | network tele  | vision pro   | gram   |
| Statement and<br>Program Log | broadcast by a distant sta   | ation?   |  |  |  |   | YES  | × NO   |
| • •                          | Note: If your answer is "No  | o". leave the r  | rest of this pa  | age blank. If vour answer  | is "Yes." vou i  | must comple   | -  |  |
|                              | log in block 2.  | ,  |  | 0 ,  |  | •   |  | 0  |
|                              | clear. If you need more spa<br>Column 1: Give the title<br>period, was broadcast by a<br>under certain FCC rules, re<br>Do not use general catego<br>"NBA Basketball: 76ers vs.<br>Column 2: If the prograu<br>Column 3: Give the call<br>Column 4: Give the bro<br>the case of Mexican or Can<br>Column 5: Give the mod<br>first. Example: for May 7 gi<br>Column 6: State the tim<br>to the nearest five minutes | e of every non<br>a distant static<br>egulations, or<br>vries like "mov<br>. Bulls."<br>m was broadd<br>I sign of the si<br>padcast station<br>nadian station<br>natian station<br>inth and day v<br>vre "5/7."<br>mes when the<br>a. Example: a | nnetwork tele<br>ion and that y<br>r authorizatio<br>vies" or "bask<br>lcast live, ent<br>station broadc<br>on's location (<br>ins, if any, the<br>when your sy<br>substitute pr | vision program ("substitu<br>our cable system substit<br>ns. See page (v) of the g<br>etball." List specific prog<br>er "Yes." Otherwise enter<br>casting the substitute pro-<br>the community to which t<br>e community with which t<br>stem carried the substitut<br>ogram was carried by yo | uted for the pr<br>eneral instruct<br>ram titles, for e<br>r "No."<br>gram.<br>he station is li<br>he station is id<br>te program. U<br>ur cable syste | ogramming<br>ions for furt<br>example, "I<br>censed by t<br>lentified).<br>se numerals<br>m. List the t | of another<br>her inform<br>Love Lucy<br>he FCC or<br>s, with the<br>imes accu | station<br>ation.<br>" or<br>, in<br>month<br>rately |
|                              | stated as "6:00–6:30 p.m."<br>Column 7: Enter the left<br>to delete under FCC rules i<br>was substituted for program   | ter "R" if the li<br>and regulatio<br>mming that yo  | ons in effect d  | Iuring the accounting per  | iod; enter the   | letter "P" if t   | he listed p  |  |
|                              | <b>Column 7:</b> Enter the lett<br>to delete under FCC rules<br>was substituted for prograr<br>effect on October 19, 1976  | tter "R" if the li<br>and regulatio<br>mming that yo<br>3.   | ons in effect d<br>our system w  | luring the accounting per<br>as permitted to delete ur   | iod; enter the<br>ader FCC rules   | letter "P" if t<br>s and regula<br>N SUBSTI   | he listed p<br>ations in   | rogram   |
|                              | <b>Column 7:</b> Enter the lett<br>to delete under FCC rules<br>was substituted for prograr<br>effect on October 19, 1976  | tter "R" if the li<br>and regulatio<br>mming that yo<br>b.<br>GUBSTITUTE<br>2. LIVE? 3   | E PROGRAM  | luring the accounting per<br>ras permitted to delete ur  | iod; enter the<br>ider FCC rules<br>WHE<br>CARRI<br>5. MONTH   | N SUBSTI<br>AGE OCCU  | he listed p<br>ations in<br>TUTE<br>JRRED<br>IMES                              |  |
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|                              | Column 7: Enter the lett<br>to delete under FCC rules<br>was substituted for prograr<br>effect on October 19, 1976   | tter "R" if the li<br>and regulatio<br>mming that yo<br>b.<br>GUBSTITUTE<br>2. LIVE? 3   | E PROGRAM  | luring the accounting per<br>ras permitted to delete ur  | iod; enter the<br>ider FCC rules<br>WHE<br>CARRI<br>5. MONTH   | N SUBSTI<br>AGE OCCU  | he listed p<br>ations in<br>TUTE<br>JRRED<br>IMES                              | 7. REASON FO   |
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| Accounting Period:                 | 2023/1  | FORM SA                       | 1-2E. PAGE 6.            |
|------------------------------------|---|-------------------------------|--------------------------|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>Fidelity Cablevision, LLC   | S                             | YSTEM ID#<br>27366       |
| K<br>Gross Receipts                | GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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. | ission service<br>amount, see | 7,234.00<br>ss receipts) |
| L<br>Copyright<br>Royalty Fee      | COPYRIGHT ROYALTY FEE<br>Instructions: To compute the royalty fee you owe:<br>• Complete block 1, block 2, <i>or</i> block 3.<br>• Use block 1 if the amount of gross receipts in space K is \$137,100 or less<br>• Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2<br>• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600<br>See page (vi) of the general instructions located in the paper SA1-2 form for more information.   | 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   | this six-mon                  |                          |
|                                    | accounting period is \$52.00 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   | 00)                           |                          |
|                                    | 1. Base amount under statutory formula   \$   263,800.00  |                               |                          |
|                                    | 2. Enter amount of gross receipts from space K  |                               |                          |
|                                    | 3. Subtract line 2 from line 1  |                               |                          |
|                                    | 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 \$ 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<br>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<br>See page i of the general instructions in the paper SA1-2 form for more informat  |                               | nts!                     |

| Accounting Period:                 | 2023/1   | FORM SA1-2E. PAGE 7                              |
|------------------------------------|--|--|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>Fidelity Cablevision, LLC  | SYSTEM ID#<br>27366                              |
| <b>M</b><br>Channels               | 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 2. Enter the total number of activated channels  | 20   |
|                                    | on which the cable system carried television broadcast stations and nonbroadcast services  | 303  |
| N<br>Individual to<br>Be Contacted | <b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom we can contact about this statement of account.)  |  |
| for Further<br>Information         | Name Melinda Lahmann Telephone   | 573-468-1216                                     |
|                                    | Address 64 N Clark<br>(Number, street, rural route, apartment, or suite number)<br>Sullivan, MO 63080<br>(City, town, state, zip)  |  |
|                                    | Email melinda.lahmann@fidelitycommunications.com Fax (optional)  |  |
| O<br>Certification                 | <ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereir are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul> | system as identified<br>/ner of the cable system |
|                                    | Enter an electronic signature on the line above to certify this statement.<br>Enter signature using an "/s/ signature" (e.g., /s/ John Smith)  |  |
|                                    | Typed or printed name: Quynh Tran Title: Vice President & Treasurer  |  |
|                                    | Title:     Vice Prestuent & Treasurer       (Title of official position held in corporation or partnership)       Date:     August 23, 2023  |  |

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.

| GAL NAME OF OWN<br>delity Cablevis   | 2023/1   | FORM SA1-2E. PAGE 8  |
|--|--|--|
| delity Cablevis  | NER OF CABLE SYSTEM:   | SYSTEM ID  |
|  | ion, LLC   | 27366  |
| The Satellite He<br>lowing sentenc<br>"In dete<br>service<br>scribers<br>For more inform   | TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS<br>ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-<br>e:<br>rmining the total number of subscribers and the gross amounts paid to the cable system for the basic<br>of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-<br>and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."<br>nation on when to exclude these amounts, see the note on page (vii) of the general instructions<br>taper SA1-2 form. | P<br>Special Statement<br>Concerning Gross<br>Receipts Exclusion |
| made by satelli  | punting period, did the cable system exclude any amounts of gross receipts for secondary transmissions te carriers to satellite dish owners?   |  |
| Name<br>Mailing Address  | Name<br>Mailing Address  | -<br>-<br>-<br>-   |
| INTEREST   | ASSESSMENT   |  |
|  | plete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.<br>tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  | Q  |
| Line 1 Enter t   | he amount of late payment or underpayment  | Interest Assessment  |
|  | x  |  |
| Line 2 Multiply  | / line 1 by the interest rate* and enter the sum here  |  |
|  |  |  |
|  | x days   | -  |
| Line 3 Multiply  | x days y line 2 by the number of days late and enter the sum here  | -  |
| Line 4 Multiply  | y line 2 by the number of days late and enter the sum here       -         x 0.00274       x 0.00274         y line 3 by 0.00274** and enter here       -         e L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6       \$   | -  |
| Line 4 Multiply<br>in space<br>* To view th  | y line 2 by the number of days late and enter the sum here   | -  |
| Line 4 Multiply<br>in space<br>* To view th<br>contact th  | y line 2 by the number of days late and enter the sum here   |  |
| Line 4 Multiply<br>in space<br>* To view th<br>contact th<br>** This is th<br>NOTE: If you a   | y line 2 by the number of days late and enter the sum here   | -  |
| Line 4 Multiply<br>in space<br>* To view th<br>contact th<br>** This is th<br>NOTE: If you a   | y line 2 by the number of days late and enter the sum here   | -  |
| Line 4 Multiply<br>in space<br>* To view th<br>contact th<br>** This is th<br>NOTE: If you a<br>list below the o<br>Owner<br>Address | y line 2 by the number of days late and enter the sum here   |  |
| Line 4 Multiply<br>in space<br>* To view th<br>contact th<br>** This is th<br>NOTE: If you a<br>list below the o                     | y line 2 by the number of days late and enter the sum here   |  |

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