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						
08/24/2023	\$ 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	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20231 Barcode Data Filing Period (optional - see instructions)
Accounting 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		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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)
	l	(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 sufficiency of the fling, a determination that would be made by a court of law.

		CVCTEM								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI								
	Fidelity Cablevision, LLC	35								
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single t will serve as a form of system identification hereafter kno								
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the									
Served	identified city.									
	CITY OR TOWN	STATE								
First Community	Nevada Vernon County (portion)	MO MO								
Rows as Necessary										

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

3569

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Fidelity Cablevision, LLC

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

BLO	OCK 1		BLOCK 2
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:	CODCOMBLING	TOTIL	OTTEGOTT OF GENTION CORRECTION
Service to first set	586	63.98	
Service to additional set(s)			
• FM radio (if separate rate)			
Motel, hotel	2	13.50	
Commercial	6	15.00	
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	67.75
 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: 2023/1 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

3569

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
КСРТ	18	E	KANSAS CITY, MO
KFJX	13	<u> </u>	PITTSBURG, KS
KFJX-DT2	13.2	I-M	PITTSBURG, KS
KFJX-DT3	13.3	I-M	PITTSBURG, KS
KFJX-DT4	13.4	I-M	PITTSBURG, KS
KOAM	7	N	PITTSBURG, KS
KODE	23	N	JOPLIN, MO
KSHB	36	N	KANSAS CITY, MO
KSNF	17	N	JOPLIN, MO
KSNF-DT2	17.2	I-M	JOPLIN, MO
KSNF-DT3	17.3	I-M	JOPLIN, MO
KSNF-DT4	17.4	I-M	JOPLIN, MO

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Fidelity Cablevision, LLC

3569

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

Accounting Perio	nd: 2023/1						FOR	M SA1-2E. PAGE 5.							
Accounting rene	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				1010	SYSTEM ID#							
Name	Fidelity Cablevision, L							3569							
 Substitute	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm	ify every not	nnetwork televis eriod, under spe	ion program, broadcast by	y a <i>distant</i> stati CC rules, regula	ations, or a	uthorizations.	For a further							
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	0		ii cable system	carry, orr a substitute bas	sis, arry normer	work telev									
Program Log	broadcast by a distant sta	ition?					YES	X NO							
	Note: If your answer is "No log in block 2.	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program													
	2. LOG OF SUBSTITUTI	E DDOGD/	MS												
	In General: List each subs			te line. Use abbreviations	wherever nos	sible if the	ir meaning is								
	clear. If you need more spa	ice, please a of every no	add additional r nnetwork televi	ows to the tables. sion program ("substitute	program") tha	t, during th	ne accounting	l							
	period, was broadcast by a under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r authorizations	s. See page (v) of the ger	eral instruction	ns for furth	er informatior								
	"NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call	n was broad		"Yes." Otherwise enter "											
		adcast statio	on's location (th	e community to which the	e station is lice		e FCC or, in								
		nth and day		tem carried the substitute			with the mor	nth							
				gram was carried by your				ly							
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carrie	ed by a system from 6:01	: 15 p.m. to 6:2	8:30 p.m. s	snould be								
	Column 7: Enter the lett	er "R" if the	listed program	was substituted for progr	amming that v	our system	n was <i>require</i>	d							
	to delete under FCC rules a														
	was substituted for progran														
	effect on October 19, 1976.	•													
		SI IRSTITI II	TE PROGRAM	1		N SUBST		7. REASON FOR							
			3. STATION'S		5. MONTH		TIMES	DELETION							
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		FROM	— то								
							_								
			 												
							_								
							_								
			 												
								,							
	_														
							_								
		1				1									
					-										
							_								

Namo	LEGAL NAME OF								;	SYSTEM II
Name	Fidelity Cab	olevision, LL	_C							356
K Gross Receipts	all amounts (g (as identified if page (vii) of th Gross red during the	The figure you ross receipts) n space E) dur le general instreipts from subse accounting per	paid to your ring the acco ructions loca escribers for seriod	cable system b	oy subscribers For a further er SA1-2 form. smission serv	for the sexplanati	system's son of how	secondary tra v to compute	-	е
Copyright Royalty Fee		compute the k 1, block 2, o the amount of the amount of the amount of	royalty fee y r block 3. gross receip gross receip gross receip	ots in space K is ots in space K is ots in space K is	s more than \$ s more than \$	137,100 263,800	but less t	han \$527,600		
			BLO	OCK 1: GROSS	RECEIPTS	OF \$13	7,100 OF	RLESS		
	Instructions: As accounting per		m with gross i	receipts of \$137	,100 or less, th	ne royalty	fee that y	you must pay f	or this six-montl	
	Line 1. Royalty	fee for accoun	ting period							
	Line 2. Interest	charge. Enter	the amount f	from line 4, spac	ce Q, page 8 .					0.00
	Line 3. TOTAL								27.400)	
	1 Page amoun			SS RECEIPTS			,			
			•			•		•		
		-		ce K		•				
						•				
		•	·	space K					· · · · · · · · · · · · · · · · · · ·	-
										-
)						880.32
	8. Interest char	ge. Enter the a	amount from i	ine 4, space Q,	page 8				• •	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8									
		BLOCK	(3: GROSS	RECEIPTS C	F MORE TH	AN \$26	3,800 (bu	ut less than \$	527,600)	
	1. Enter the am	nount of gross r	eceipts from	space K						
	2. Base amoun	t under statuto	ry formula				\$	263,800.	00_	
	3. Subtract line	2 from line 1 .								
	4. Multiply line	3 by .01								_
	5. Royalty due	on the first \$26	3,800 of gros	ss receipts (unde	er statutory for	mula)		\$	1,319.00	-
	6. Interest char	ge. Enter the a	amount from I	line 4, space Q,	page 8				0.00	_
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6									
			FILING F	EE AND TOTA	AL REMITTA	NCE DL	ΙE			
Filing Fee and otal Remittance	1. Royalty Fee	Payable for Ac	counting Peri	iod (from Block	1, 2, or 3, abov	/e)		\$	880.32	_
Due	2. Filing Fee (S	See the instructi	ions for more	information on t	filing fee calcu	lations) .		<u>\$</u>	20.00	=
	3. TOTAL AMO	OUNT DUE FO	R ACCOUNT	TING PERIOD.	Add lines 2 a	nd 3			\$	900.32
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights! See page i of the general instructions in the paper SA1-2 form for more information.									

Accounting Period:	2023/1	F	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM: Evision, LLC	SYSTEM ID# 3569
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the carried	You must give (1) the number of channels on which the cable system carried television broadcast stations are, and (2) the cable system's total number of activated channels during the accounting period. all number of channels on which the cable delevision broadcast stations. all number of activated channels cable system carried television broadcast stations all number of activated channels cable system carried television broadcast stations 297	
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Melinda Lahmann Telephone 573-468-1216	
	Address	64 N Clark (Number, street, rural route, apartment, or suite number)	
		Sullivan, MO 63080 (City, town, state, zip)	
	Email	melinda.lahmann@fidelitycommunications.com Fax (optional)	
_	CERTIFICATION	V (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigne	ned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owne	ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
		nt 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	
	X (Office	cer 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	
	I have examined	on line 1 of space B. Bed the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. Station 1001(1986)]	
		X /s/ Quynh Tran	
		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)	
		Date: August 23, 2023	

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Accounting Period: 2023/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Fidelity Cablevision, LLC	3569
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the 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 line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	1111111111
ID number First community served Accounting period	

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