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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	08/24/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVER	ED BY THIS STATEMENT: (YY	YYY/(Period))	

	AUUU	JUNTING PERIOD COVERED BY THIS STATEMENT: (TTTT/(Period))	
		Period 1 = January 1 - June 30         Period 2 = July 1 - December 31	
		20231 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		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.	5891
		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
	I	[[viii], viiii, viiii, viiii, viiii, viiii)	

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	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 unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community	"community" is the same as a "community unit" as defined in FCC rules: porated communities within unincorporated areas and including single,
	as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, o	filings.
Area Served	identified city.	ir mobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	Harrisonville	MO
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							1-2E. PAGE
Name	Fidelity Cablevision, LL	c							589
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES				
E	In General: The information in s	bace E should	cover al	I categories of	secondary	transmission se	rvice of the	cable	
<b>.</b> .	system, that is, the retransmission								
Secondary Transmission	about other services (including p						ose existing	on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both						e system b	roken	
scribers and	down by categories of secondary						-		
Rates	each category by counting the nu	umber of billing	s in that	t category (the i	number of	persons or orga	nizations cl		
	separately for the particular servi								
	Rate: Give the standard rate c	-	-				-		
	unit in which it is generally billed. category, but do not include disc				ly standard		wiu iir a pai		
	<b>Block 1:</b> In the left-hand block				es of secoi	ndary transmissi	on service	that cable	
	systems most commonly provide								
	that applies to your system. Note			-		-			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted o							lo lite	
	Block 2: If your cable system h	nas rate catego	ries for	secondary tran	smission s	ervice that are c	lifferent fror	n those	
	printed in block 1 (for example, ti	ers of services	that inc	lude one or mo	re seconda	ary transmission	s), list them	i, together	
	with the number of subscribers a	nd rates, in the	right-h	and block. A tw	o- or three	-word descriptio	n of the ser	vice is	
	sufficient.	OCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		354	65.97					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel		2	13.60					
	Commercial		1	10.70					
	Converter								
	Residential								
	Non-residential								
	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 are								
Services	furnished at cost or (2) services of								
Other Than	amount of the charge and the un		usually	billed. If any rat	es are cha	irged on a variat	ole per-prog	ram basis,	
Secondary	enter only the letters "PP" in the			avatam for oor	h of the or	anliachla convica	a liatad		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							ere not	
Rates	listed in block 1 and for which a s								
	brief (two- or three-word) descrip	tion and includ	e the ra	te for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	PP	• Mo	tel, hotel		\$80/hr	Tier		67.7
	<ul> <li>Pay cable—add'l channel</li> </ul>		• Co	mmercial		\$80/hr	Tier		17.2
	Fire protection		• Pa	y cable			Digital		12.0
	<ul> <li>Burglar protection</li> </ul>		• Pa	y cable-add'l ch	nannel		<b>Digital</b>	Tier	7.9
	Installation: Residential		• Fire	e protection					
	• First set	\$80/hr	• Bu	rglar protection					
	A 1 P.C. 1 (/ .)		Other	services:					
	<ul> <li>Additional set(s)</li> </ul>					\$25			
	<ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		•Re	connect		<b>\$</b> 23			
	( )			connect sconnect		<b>\$</b> 23			
	• FM radio (if separate rate)		• Dis			\$23			

	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYS	STE
Name	Fidelity Cablevision,				:
	PRIMARY TRANSMITTERS:	TELEVISION			
G Primary ansmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a <b>Substitute Basis Station</b> basis under specific FCC r • Do <i>not</i> list the station he station was carried <i>only</i> or • List the station here, and basis. For further informati <b>Column 1:</b> List each static multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chanr of license. For example, V <b>Column 3:</b> Indicate in eace educational station, by ent (for independent multicast For the meaning of these the <b>Column 4:</b> Give the location	I also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog l(e)(2) and (4))]; and (2) certain st rried by your cable system on a s e Special Statement and Program both on a substitute basis and al see page (v) of the general instru- rogram services such as HBO, ES air designation. For example, rep rision station for broadcasting over tation, an independent station, or or network multicast), "I" (for inde r "E-M" (for noncommercial educa- ctions in the paper SA1-2 form. the community to which the statio	<ul> <li>time basis under rams [sections carried on a ubstitute program n Log)—if the so on some other ctions.</li> <li>SPN, etc. Identify each poort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast).</li> <li>n is licensed by the</li> </ul>	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	N
	КСРТ	18	E	KANSAS CITY, MO	
	ксти	24	N	KANSAS CITY, MO	
 	KCTV-DT2	24.2	I-M	KANSAS CITY, MO	
	KCWE	31	l	KANSAS CITY, MO	
	KCWE-DT2	31.2	I-M	KANSAS CITY, MO	
	KMBC	29	N	KANSAS CITY, MO	
	KMBC-DT2	29.2	I-M	KANSAS CITY, MO	
		25		I AWRENCE. KS	
			I	LAWRENCE, KS SEDALIA, MO	
	KMOS	15	I <u>E</u>	SEDALIA, MO	
	KMOS KPXE	15 30	<u>l</u>	SEDALIA, MO KANSAS CITY, MO	
	KMOS KPXE KSHB	15 30 36	I E I N	SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO	
	KMOS KPXE KSHB KSMO	15 30 36 32	<u>l</u>	SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO	
	KMOS KPXE KSHB KSMO WDAF	15 30 36 32 34	1 N 1 1	SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO	
	KMOS KPXE KSHB KSMO WDAF WDAF-DT2	15 30 36 32 34 34.2	I N I I I-M	SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO	
	KMOS KPXE KSHB KSMO WDAF	15 30 36 32 34	1 N 1 1	SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO	
	KMOS KPXE KSHB KSMO WDAF WDAF-DT2	15 30 36 32 34 34.2	I N I I I-M	SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO	
	KMOS KPXE KSHB KSMO WDAF WDAF-DT2	15 30 36 32 34 34.2	I N I I I-M	SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO	
	KMOS KPXE KSHB KSMO WDAF WDAF-DT2	15 30 36 32 34 34.2	I N I I I-M	SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO	
	KMOS KPXE KSHB KSMO WDAF WDAF-DT2	15 30 36 32 34 34.2	I N I I I-M	SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO	
	KMOS KPXE KSHB KSMO WDAF WDAF-DT2	15 30 36 32 34 34.2	I N I I I-M	SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO	
	KMOS KPXE KSHB KSMO WDAF WDAF-DT2	15 30 36 32 34 34.2	I N I I I-M	SEDALIA, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO KANSAS CITY, MO	

EGAL NAME OF			/STEM:					SYSTEM II 589
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of i cor detailed info aper SA1-2 for <b>Column 1:</b> Ic <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing tive the station	y the sys be recein t the Co sign of the he static ion's sig g a chech n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's I system's FM ar this point, see p sed by the cable ne station is lice	neadend, and ( itenna, during o rage (v) of the g e system as a s nsed by the FC	2) it can certain s general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						<b> </b>		
						+		
							·	
				F		1		

Accounting Perio	d: 2023/1						FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	Fidelity Cablevision, L	LC						5891
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi					on. that vou	cable svste	em carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instru	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN	T CONCER	NING SUBST	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	is, any nonnet	work televis	<u>ion</u> prograr	n
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
Frogram Log	Note: If your answer is "No	" leave the	rest of this nad	e blank. If your answer is '	"Ves " vou mu	st complete		
	-	, leave life	rest of this pag	je blatik. Il your allswel is	res, you mu	si complete	the progra	
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible. if thei	meaning is	3
	clear. If you need more spa					,	5	
				ision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				····p···, · =-	<b>,</b>	
	Column 2: If the program	n was broad	lcast live, ente	r "Yes." Otherwise enter "N	No."			
				sting the substitute progra		and by the	FCC or in	
	the case of Mexican or Can			ne community to which the community with which the				
				tem carried the substitute			vith the mo	nth
	first. Example: for May 7 giv	ve "5/7."						
				gram was carried by your				ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:20	3:30 p.m. sr	ioula pe	
		er "R" if the	listed program	was substituted for progra	amming that ye	our system	was require	ed
	to delete under FCC rules a	and regulation	ons in effect du		l; enter the lett	er "P" if the	listed prog	
			our system wa	s permitted to delete unde	er FCC rules a	nd regulatio	ns in	
	was substituted for program effect on October 19, 1976.		our system wa		er FCC rules a	nd regulatio	ns in	
			our system wa		TT			Γ
	effect on October 19, 1976.		our system wa	s permitted to delete unde	WHE	N SUBSTI	TUTE	7. REASON FOR
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE JRRED IMES	7. REASON FOR DELETION
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM	s permitted to delete unde	WHE CARRI	N SUBSTI AGE OCC	TUTE JRRED	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE JRRED IMES	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE JRRED IMES	
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	effect on October 19, 1976.	SUBSTITUT	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE JRRED IMES	
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	effect on October 19, 1976.	SUBSTITUT	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE JRRED IMES	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE JRRED IMES	
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	effect on October 19, 1976.	SUBSTITUT	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE JRRED IMES	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM I
Name	Fidelity Cablevision, LLC				58
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fill all amounts (gross receipts) paid to your cable system by subscribers for th (as identified in space E) during the accounting period. For a further explain page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the generating period.	ne system's nation of ho	s secondary tran ow to compute th	smission service is amount, see	
	during the accounting period			Amount of gro	7,804.00
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,1 Use block 3 if the amount of gross receipts in space K is more than \$263,8 See page (vi) of the general instructions located in the paper SA1-2 form for more	00 but less	s than \$527,600	o \$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$	5137,100 C	OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the roy accounting period is \$52.00	alty fee tha	t you must pay fo	r this six-montl	
	Line 1. Royalty fee for accounting period				
					0.00
	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	12	···· <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR	LESS (but	t more than \$13	7,100)	
	1. Base amount under statutory formula	\$	263,800.0	0	
	2. Enter amount of gross receipts from space K		Ť	0	
	3. Subtract line 2 from line 1	\$	125,996.0	0	
	4. Enter the amount of gross receipts from space K		<b>\$</b>	137,804.00	
	5. Enter the amount from line 3		\$	125,996.00	
	6. Subtract line 5 from line 4		\$	11,808.00	
	7. Multiply line 6 by .005 (enter figure here)			\$	59.04
	8. Interest charge. Enter the amount from line 4, space Q, page 8			· . <u></u>	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line:	s 7 and 8		··· <u>\$</u>	59.04
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$	263,800 (l	but less than \$5	27,600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula	\$	263,800.0	0	
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01			_	
	<ol> <li>Royalty due on the first \$263,800 of gross receipts (under statutory formula)</li> </ol>		\$	1,319.00	
	<ol> <li>Interest charge. Enter the amount from line 4, space Q, page 8</li> </ol>			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line:	s 4, 5, and 6	6		
		· · ·	-		
	FILING FEE AND TOTAL REMITTANCE	DUE			
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	59.04	
Fotal Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculation:			20.00	
		•)••••	···· <u>Ψ</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 .			\$	79.04
	Important: Your remittance must be in the form of an electronic p	ayment pa	yable to the Reg	ister of Copyrigh	nts!

Accounting Period:	2023/1				FORM SA1-2E. PAGE
Name	LEGAL NAME OF	OWNER OF CABLE SYSTEM: vision, LLC			SYSTEM II 589
M Channels	<ul><li>to its subscriber</li><li>1. Enter the tota system carried</li><li>2. Enter the tota on which the c</li></ul>	rs, and (2) the cable system's al number of channels on whi d television broadcast station al number of activated channe cable system carried televisio	s total numb ich the cable ns els on broadcas		t stations 21
N Individual to Be Contacted for Further		D BE CONTACTED IF FURT about this statement of accor Melinda Lahmann		RMATION IS NEEDED (Identify an individual to whom	elephone <b>573-468-1216</b>
Information	Address 	64 N Clark (Number, street, rural route, apa Sullivan, MO 63080 (City, town, state, zip) melinda.lahma	)	te number)	
O Certification	I, the undersign     (Owne     (Agen     in     X     (Offic     in     I have examined	ed, hereby certify that (Check er other than corporation or it of owner other than corpor line 1 of space B and that the cer or partner) I am an officer line 1 of space B. d the statement of account and te, and correct to the best of m	one, <i>but onl</i> <b>partnership</b> ration or pa owner is no f (if a corpora d hereby dee	tified and signed in accordance with Copyright Office re- y one, of the boxes.) (a) I am the owner of the cable system as identified in line 1 (a) I am the duly authorized agent of the owner of t at a corporation or partnership; or (a) or a partner (if a partnership) of the legal entity identif (clare under penalty of law that all statements of fact contain e, information, and belief, and are made in good faith.	of space B; or he cable system as identified ied as owner of the cable system
		Typed or printe Title:	Enter an Enter sign ed name: Vice P	/s/ Quynh Tran electronic signature on the line above to certify this statemen nature using an "/s/ signature" (e.g., /s/ John Smith) Quynh Tran President & Treasurer on held in corporation or partnership)	nt.
		Date:		August 23, 202	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 the 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 telephol 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 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 t 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

unting Period: 2023/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
elity Cablevision, LLC	589
<ul> <li>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."     </li> <li>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.</li> <li>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?     </li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     Mailing Address	
<b>INTEREST ASSESSMENT</b> 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 Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	Interest Assessmen
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
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