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					
02/28/2024	\$ 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
Accounting		20232 Barcode Data Filing Period (optional - see instructions)
Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Fidelity Cablevision, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		CoBridge Broadband, LLC dba Fidelity Communications
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		64 N Clark (Number, street, rural route, apartment, or suite number)
		Sullivan, MO 63080 (City, town, state, zip)
С		UCTIONS: 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)
		(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.

	LEGAL NAME OF CIVILED OF CARLE CVCTEM.	FORM SA1-2E. PAG SYSTEM
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	Fidelity Cablevision, LLC	273
D	Instructions: List each separate community served by the cable system. A "cc "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that is the "first community." Please use it as the first community on all future fill.	ated communities within unincorporated areas and including single at you list will serve as a form of system identification hereafter kno
Area	Note: Entities and properties such as hotels, apartments, condominiums, or n	nobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Hardy	AR
Community	Cherokee Village	AR
	Highland	AR
Rows as Necessary		

Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Fidelity Cablevision, LLC

SYSTEM ID# 27366

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLC	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	295	63.60			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel	2	14.59			
Commercial	2	22.74			
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.

	BLO	CK 1		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	Expanded Basic	67.7
 Pay cable—add'l channel 		Commercial	\$80/hr	MidView Tier	17.2
 Fire protection 		• Pay cable		MaxView	12.0
Burglar protection		Pay cable-add'l channel		Sports View	7.9
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: 2023/2 FORM SA1-2E. PAGE 3

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27366

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 pager 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
K36NN-D	36	l	WEST PLAINS, MO
KAIT	27	N	JONESBORO, AR
KAIT-DT2	27.2	N-M	JONESBORO, AR
KAIT-DT3	27.3	I-M	JONESBORO, AR
KETS	7	E	LITTLE ROCK, AR
KJNB-LD1	16	l	JONESBORO, AR
KJNB-LD2	16.2	N-M	JONESBORO, AR
KJNB-LD3	16.3	I-M	JONESBORO, AR
KYCW-LD	24.1	I-M	SPRINGFIELD, MO
KVTN-DT	24	l	PINE BLUFF, AR
KYTV	19	N	SPRINGFIELD, MO
KYCW-LD-SIMUL	24	I-M	SPRINGFIELD, MO
KAIT - SIMUL	27	N	JONESBORO, AR
KAIT-DT2 - SIMUL	27.2	N-M	JONESBORO, AR
KAIT-DT3 - SIMUL	27.3	I-M	JONESBORO, AR
KVTN-DT - SIMUL	24	l	PINE BLUFF, AR
KETS - SIMUL	7	E	LITTLE ROCK, AR
KJNB - SIMUL	16	I-M	JONESBORO, AR
KYTV-SIMUL	19	N	SPRINGFIELD, MO
KVTN-SIMUL	24	<u> </u>	PINE BLUFF, AR

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27366

Fidelity Cablevision, LLC

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
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Accounting Perio	d: 2023/2						FOR	RM SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#	
Name	Fidelity Cablevision, L	LC						27366	
Subatituta	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac	fy every nor	nnetwork televis	sion program, broadcast lecific present and former l	by a <i>distant</i> sta FCC rules, regu	lations, or a	uthorizations.	. For a further	
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special									
Statement and	iment and								
Program Log								NO	
	Note: If your answer is "No"	, leave the	rest of this pag	je blank. If your answer i	is "Yes," you m	ust complet	e the progra	m	
	log in block 2.			•		•			
	clear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, req Do not use general categori "NBA Basketball: 76ers vs. In Column 2: If the program Column 3: Give the call so Column 4: Give the broad the case of Mexican or Canar Column 5: Give the mon first. Example: for May 7 given Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a	n. tation is licensed by the FCC or, in							
								T	
		JDOTITI IT	DD00D44		1 1		N SUBSTITUTE		
	S		E PROGRAM			IAGE OCC		7. REASON FOR DELETION	
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH N AND DAY	FROM	TIMES — TO		
							_		
						-			
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Accounting Period:	2023/2	FORM SA	A1-2E. PAGE 6		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Fidelity Cablevision, LLC	S'	YSTEM ID: 27366		
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tran (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	nsmission service nis amount, see	6,254.00		
L Copyright Royalty Fee					
	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 fo accounting period is \$52.00	r this six-month			
	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. Base amount under statutory formula				
	Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1	_			
	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)				
	Interest charge. Enter the amount from line 4, space Q, page 8				
	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 \$52	7,600)			
	Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula	_			
	3. Subtract line 2 from line 1	_			
	4. Multiply line 3 by .01	_			
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)				
	6. Interest charge. Enter the amount from line 4, space Q, page 8				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	•			
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance	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		
1	Important: Your remittance must be in the form of an electronic payment payable to the Regi See page i of the general instructions in the paper SA1-2 form for more informa		hts!		

Accounting Period:	2023/2			FORM SA1-2E. PAGE	E 7
Name	LEGAL NAME OF OWN Fidelity Cablevision	NER OF CABLE SYSTEM: on, LLC		SYSTEM I 273	
M Channels	to its subscribers, an Enter the total nun system carried tele Enter the total nun on which the cable	mber of channels on which evision broadcast stations mber of activated channels e system carried television	· · · · · · · · · · · · · · · · · · ·		
N Individual to Be Contacted		E CONTACTED IF FURTH ut this statement of accoun	ER INFORMATION IS NEEDED (Identify an individual to v	vhom	
for Further Information	Name M	lelinda Lahmann		Telephone 573-468-1216	
		4 N Clark lumber, street, rural route, apartr	ment, or suite number)		
		tity, town, state, zip)			
	Email	melinda.lahmar	nn@fidelitycommunications.com Fax (opt	ional)	
	CERTIFICATION (This	is statement of account mu	st be certified and signed in accordance with Copyright O	ffice regulations)	
O Certification	• I, the undersigned, h	nereby certify that (Check or	ne, but only one , of the boxes.)		
	(Owner oth	ther than corporation or pa	artnership) I am the owner of the cable system as identified in	n line 1 of space B; or	
			tion or partnership) I am the duly authorized agent of the ow wner is not a corporation or partnership; or	rner of the cable system as identified	
	X (Officer of		a corporation) or a partner (if a partnership) of the legal entity	y identified as owner of the cable system	
	I have examined the	e statement of account and h	nereby declare under penalty of law that all statements of fact knowledge, information, and belief, and are made in good fait		
			X /s/ Quynh Tran		
			Enter an electronic signature on the line above to certify this : Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	statement.	
		Typed or printed	name: Quynh Tran		
		Title: (Title of c	Vice President & Treasurer (fficial position held in corporation or partnership)		
		Date:	Februar	y 28, 2024	

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ounting Period: 2023/2	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
lelity Cablevision, LLC	27366
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.	
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 Mailing Address	-
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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	
ID number First community served Accounting period	

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