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
•	INSTR	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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 MANE OF CAMPER OF CARLE OVERTILE	FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI
	Fidelity Cablevision, LLC	304
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili	ated communities within unincorporated areas and including single t you list will serve as a form of system identification hereafter kno- ngs.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or m	nobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Maumelle	AR
Community	North Little Rock	AR
d Rows as Necessary		
	0.0000	
	0.0000	

Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Fidelity Cablevision, LLC

SYSTEM ID# 30424

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.

BL	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
Service to first set	280	67.53			
Service to additional set(s)					
 FM radio (if separate rate) 					
Motel, hotel	2	9.30			
Commercial	1	20.14			
Converter					
Residential					
Non-residential					
	1	1	1	1	1

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 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	67.75
 Pay cable—add'l channel 		Commercial	\$80/hr	MidView Tier	17.24
 Fire protection 		Pay cable		MaxView	12.00
Burglar protection		Pay cable-add'l channel		Sports View	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: 2023/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 30424

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
KARK-TV	32	N	LITTLE ROCK, AR
KARK-DT2	32.2	I-M	LITTLE ROCK, AR
KARK-DT3	32.3	I-M	LITTLE ROCK, AR
KARK-DT4	32.4	I-M	LITTLE ROCK, AR
KARZ-TV	28	I	LITTLE ROCK, AR
KARZ-DT2	28.2	I-M	LITTLE ROCK, AR
KASN	34	<u>l</u>	PINE BLUFF, AR
KASN-DT2	34.2	I-M	PINE BLUFF, AR
KATV	22	N	LITTLE ROCK, AR
KATV-DT2	22.2	I-M	LITTLE ROCK, AR
KATV-DT3	22.3	I-M	LITTLE ROCK, AR
KATV-DT4	22.4	I-M	LITTLE ROCK, AR
KETS	7	E	LITTLE ROCK, AR
KKAP	36	<u>l</u>	LITTLE ROCK, AR
KLRT	30	l	LITTLE ROCK, AR
KLRT-DT2	30.2	I-M	LITTLE ROCK, AR
KMYA-DT	18	l	LITTLE ROCK, AR
KTHV	12	N	LITTLE ROCK, AR
KVTN-TV	24	l	PINE BLUFF, AR
KARK-SIMUL	32	N	LITTLE ROCK, AR
KARZ-SIMUL	28	<u> </u>	LITTLE ROCK, AR
KASN-SIMUL	34	l	PINE BLUFF, AR
KATV-SIMUL	22	N	LITTLE ROCK, AR
KETS-SIMUL	7	E	LITTLE ROCK, AR

Accounting Period:	2023/2			FORM SA1-2E. PAGE	Ξ 3			
-	LEGAL NAME OF OWNER OF	CARLE SYSTEM:		SYSTEM II) #			
Name	Fidelity Cablevision, I			3042				
	PRIMARY TRANSMITTERS:							
	In General: In space G, identify every television station (including translator stations and low power television stations)							
G		m during the accounting period, <i>excep</i>						
		n effect on June 24, 1981, permitting the						
Primary Transmitters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	on(e)(2) and (4))]; and (2) certain stat	ions carried on a				
Television		: With respect to any distant stations ca	arried by your cable system on a sub	stitute program				
		ıles, regulations, or authorizations: e in space G—but do list it in space I (t	he Special Statement and Program L	.og)—if the				
	station was carried only on							
		also in space I, if the station was carrie on concerning substitute basis stations,						
		n's call sign. <i>Do not</i> report origination parts of the station according to its over-the						
	"WETA-2" as the same on t	· ·	e-all designation. For example, repo	it mulistream				
		el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	evision station for broadcasting over	he air in its community				
		case whether the station is a network	station, an independent station, or a	noncommercial				
		ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), o						
		erms, see page (iv) of the general instru		mai municast).				
		n of each station. For U.S. stations, list dian stations, if any, give the name of t		•				
	FCC. FOI MEXICAN OF CANA	ulari stations, il arry, give the riame or t	the community with which the station	is identified.				
			3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	1. CALL SIGN KLRT-SIMUL	2. B'CAST CHANNEL NUMBER 30	3. TYPE OF STATION	4. LOCATION OF STATION LITTLE ROCK, AR				
		-	3. TYPE OF STATION I N					
Add Rows as Necessary	KLRT-SIMUL	30	<u> </u>	LITTLE ROCK, AR				
Add Rows as Necessary	KLRT-SIMUL KTHV-SIMUL	30 12	<u> </u>	LITTLE ROCK, AR LITTLE ROCK, AR				
Add Rows as Necessary	KLRT-SIMUL KTHV-SIMUL	30 12	<u> </u>	LITTLE ROCK, AR LITTLE ROCK, AR				
Add Rows as Necessary	KLRT-SIMUL KTHV-SIMUL	30 12	<u> </u>	LITTLE ROCK, AR LITTLE ROCK, AR				
Add Rows as Necessary	KLRT-SIMUL KTHV-SIMUL	30 12	<u> </u>	LITTLE ROCK, AR LITTLE ROCK, AR				
Add Rows as Necessary	KLRT-SIMUL KTHV-SIMUL	30 12	<u> </u>	LITTLE ROCK, AR LITTLE ROCK, AR				
Add Rows as Necessary	KLRT-SIMUL KTHV-SIMUL	30 12	<u> </u>	LITTLE ROCK, AR LITTLE ROCK, AR				
Add Rows as Necessary	KLRT-SIMUL KTHV-SIMUL	30 12	<u> </u>	LITTLE ROCK, AR LITTLE ROCK, AR				
Add Rows as Necessary	KLRT-SIMUL KTHV-SIMUL	30 12	<u> </u>	LITTLE ROCK, AR LITTLE ROCK, AR				
Add Rows as Necessary	KLRT-SIMUL KTHV-SIMUL	30 12	<u> </u>	LITTLE ROCK, AR LITTLE ROCK, AR				
Add Rows as Necessary	KLRT-SIMUL KTHV-SIMUL	30 12	<u> </u>	LITTLE ROCK, AR LITTLE ROCK, AR				
Add Rows as Necessary	KLRT-SIMUL KTHV-SIMUL	30 12	<u> </u>	LITTLE ROCK, AR LITTLE ROCK, AR				
Add Rows as Necessary	KLRT-SIMUL KTHV-SIMUL	30 12	<u> </u>	LITTLE ROCK, AR LITTLE ROCK, AR				
Add Rows as Necessary	KLRT-SIMUL KTHV-SIMUL	30 12	<u> </u>	LITTLE ROCK, AR LITTLE ROCK, AR				
Add Rows as Necessary	KLRT-SIMUL KTHV-SIMUL	30 12	<u> </u>	LITTLE ROCK, AR LITTLE ROCK, AR				
Add Rows as Necessary	KLRT-SIMUL KTHV-SIMUL	30 12	<u> </u>	LITTLE ROCK, AR LITTLE ROCK, AR				
Add Rows as Necessary	KLRT-SIMUL KTHV-SIMUL	30 12	<u> </u>	LITTLE ROCK, AR LITTLE ROCK, AR				
Add Rows as Necessary	KLRT-SIMUL KTHV-SIMUL	30 12	<u> </u>	LITTLE ROCK, AR LITTLE ROCK, AR				

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Fidelity Cablevision, LLC

30424

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
		ļ					
		[
		[
							
	 						
	 						
		 					
		 					
		 					
	 						
		 					

Accounting Perio							FOF	RM SA1-2E. PAGE 5.
Name	Fidelity Cablevision, L		TEM:					SYSTEM ID# 30424
Substitute Carriage: Special Statement and Program Log	0.0.2							
	Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	ind regulation	ons in effect du	ring the accounting perions in the accounting perions grant ted to delete un	od; enter the le	tter "P" if the	e listed progr ons in	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO —	DELETION
	first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	ve "5/7." es when the Example: a er "R" if the ind regulation iming that y UBSTITUT 2. LIVE?	e substitute pro a program carrie listed program ons in effect du your system wa	gram was carried by you ed by a system from 6:0 was substituted for prog ring the accounting peri s permitted to delete un	gramming that od; enter the ledder FCC rules WHI CARF	n. List the tir 28:30 p.m. s your system tter "P" if the and regulati	mes accurate should be n was require e listed programs in ITUTE CURRED TIMES	ely ed ram 7. REAS

Accounting Period:	2023/2	FORM SA	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Fidelity Cablevision, LLC	S'	YSTEM ID: 30424
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 trar (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	3,663.00
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 \$137,100 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.		
	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	_	
	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		
	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	27,600)	
	1. 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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	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 Reg 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 7
Name	Fidelity Cablevisio	ER OF CABLE SYSTEM: on, LLC		SYSTEM ID: 30424
M Channels	1. Enter the total num system carried telev 2. Enter the total num on which the cable :	nd (2) the cable system's to mber of channels on which vision broadcast stations. mber of activated channels system carried television I	s	
N Individual to Be Contacted		CONTACTED IF FURTHI	ER INFORMATION IS NEEDED (Identify an individual to whom it.)	n
for Further Information	Name M e	elinda Lahmann		Telephone 573-468-1216
		4 N Clark umber, street, rural route, apartn	ment, or suite number)	
		ullivan, MO 63080 ty, town, state, zip)		
	Email	melinda.lahman	nn@fidelitycommunications.com Fax (optiona	1)
_	CERTIFICATION (This	s statement of account mu	ust be certified and signed in accordance with Copyright Office	regulations)
O Certification	• I, the undersigned, he	ereby certify that (Check on	ne, but only one , of the boxes.)	
	(Owner oth	her than corporation or pa	artnership) I am the owner of the cable system as identified in line	e 1 of space B; or
			tion or partnership) I am the duly authorized agent of the owner owner is not a corporation or partnership; or	of the cable system as identified
	X (Officer or		f a corporation) or a partner (if a partnership) of the legal entity ide	ntified as owner of the cable system
	I have examined the state of the state	statement of account and h	nereby declare under penalty of law that all statements of fact cont knowledge, information, and belief, and are made in good faith.	ained herein
			X /s/ Quynh Tran	
			Enter an electronic signature on the line above to certify this state Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	ment.
		Typed or printed	name: Quynh Tran	
		Title: (Title of o	Vice President & Treasurer (fficial position held in corporation or partnership)	
		Date:	February 28	, 2024

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 telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and 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 lav

ounting Period: 2023/2	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
lelity Cablevision, LLC	30424
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 Name 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. Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and 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.