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	UNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20232 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		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 OWNER OF CABLE SYSTEM:	SYSTEM
Name	Fidelity Cablevision, LLC	7
	Instructions: List each separate community served by the cable system. A "community" is the	
D	"a separate and distinct community or municipal entity (including unincorporated communit discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se as the "first community." Please use it as the first community on all future filings.	ies within unincorporated areas and including singl
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home pa	rks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Marshall	TX
Community	Harrison County	TX
	Jefferson	TX
d Rows as Necessary	Marion County	TX
	Carthage	TX
	Hallsville	TX
	Atlanta	TX
		TX
	Queen City	
	Cass County (portion)	TX

Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

EGAL NAME OF OWNER OF CABLE 31316

Fidelity Cablevision, LLC

7613

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	1,098	65.92			
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel	9	13.58			
Commercial	13	12.84			
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:	PP	Installation: Non-residential			
• Pay cable		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#

Fidelity Cablevision, LLC

7613

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
KLTS-TV	17	E	SHREVEPORT, LA
KLTS-DT2	17.2	E-M	SHREVEPORT, LA
KLTS-DT3	17.3	E-M	SHREVEPORT, LA
KMSS	34	l	SHREVEPORT, LA
KPXJ	32	<u> </u>	MINDEN, LA
KPXJ-DT2	32.2	I-M	MINDEN, LA
KPXJ-DT3	32.3	I-M	MINDEN, LA
KPXJ-DT4	32.4	I-M	MINDEN, LA
KSHV-TV	16	l	SHREVEPORT, LA
KSLA	23	N	SHREVEPORT, LA
KSLA-DT2	23.2	I-M	SHREVEPORT, LA
KTAL-TV	26	N	SHREVEPORT, LA
KTAL-DT2	26.2	I-M	SHREVEPORT, LA
KTAL-DT3	26.3	I-M	SHREVEPORT, LA
KTBS	28	N	SHREVEPORT, LA
KTBS-DT2	28.2	I-M	SHREVEPORT, LA
KTBS-DT3	28.3	I-M	SHREVEPORT, LA
KAQC-LP	20.1	l	ATLANTA, TX
KMSS-DT2	34.2	I-M	SHREVEPORT, LA
KLTS-SIMUL	17	E	SHREVEPORT, LA
KMSS-SIMUL	34	<u> </u>	SHREVEPORT, LA
KPXJ-SIMUL	32	<u> </u>	MINDEN, LA
KSLA-SIMUL	23	N	SHREVEPORT, LA
KTAL-SIMUL	26	N	SHREVEPORT, LA

Accounting Period:	2023/2			FORM SA1-2E. PAGE 3					
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#					
Name	Fidelity Cablevision, I	LLC		7613					
	PRIMARY TRANSMITTERS:	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), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 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 network), "N-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								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KTBS-SIMUL	28	N	CHDEVEDORT I A					
				SHREVEPORT, LA					
	KSHV-SIMUL	16	l	TEXARKANA, TX					
Add Rows as Necessary	KSHV-SIMUL	16							
Add Rows as Necessary	KSHV-SIMUL	16	l						
Add Rows as Necessary	KSHV-SIMUL	16	l						
Add Rows as Necessary	KSHV-SIMUL	16							
Add Rows as Necessary	KSHV-SIMUL	16							
Add Rows as Necessary	KSHV-SIMUL	16							
Add Rows as Necessary	KSHV-SIMUL	16							
Add Rows as Necessary	KSHV-SIMUL	16							
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Add Rows as Necessary	KSHV-SIMUL	16							
Add Rows as Necessary	KSHV-SIMUL	16							
Add Rows as Necessary	KSHV-SIMUL	16							
Add Rows as Necessary	KSHV-SIMUL	16							
Add Rows as Necessary	KSHV-SIMUL	16							
Add Rows as Necessary	KSHV-SIMUL	16							
Add Rows as Necessary	KSHV-SIMUL	16							
Add Rows as Necessary	KSHV-SIMUL	16							

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Fidelity Cablevision, LLC

7613

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
C, LL CICIV	, avi 01 1 W	0,0	233,111014 31 31,111014	CALL DIGIT	, (IVI OI I IVI	0,0	200,111011 01 01,411011
				L			

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		IEM:					SYSTEM ID#
	Fidelity Cablevision, L	LC						7613
	SUBSTITUTE CARRIAGE	- SPECIA	AL STATEME	NT AND PROGRAM I	ng.			
Substitute	In General: In space I, identi substitute basis during the ac explanation of the programm	fy <i>every no</i> ccounting p	nnetwork televis	sion program, broadcast becific present and former F	y a <i>distant</i> stat CC rules, regul	lations, or au	ıthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special	During the accounting period				sis anv nonne	twork televi	sion progran	n
Statement and		-	ii oabie system	ourry, or a substitute but	olo, diriy morimo	TWOIR TOTOVI		
Program Log	broadcast by a distant stat	lion?				L	YES	NO
	Note: If your answer is "No"	, leave the	rest of this pag	ge blank. If your answer is	"Yes," you mu	ust complete	e the prograi	m
	log in block 2.							
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, i clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, durin period, was broadcast by a distant station and that your cable system substituted for the programmi under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for f Do not use general categories like "movies" or "basketball." List specific program titles, for example, "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed to the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use nume first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your systed delete under FCC rules and regulations in effect during the accounting period; enter the letter "P"						at, during the gramming of ns for furthe ample, "I Lo ensed by the ntified). e numerals, . List the times 28:30 p.m. s	e accounting another state information we Lucy" or e FCC or, in with the more accurate hould be was require elisted programmes.	tion n. nth oly
	effect on October 19, 1976.							
					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	N CURCTI	TUTE	
	٩	I IRSTITI I	ΓE PROGRAM	1	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REAS			7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY		— то	
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Accounting Period:	2023/2			FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Fidelity Cablevision, LLC			,	SYSTEM ID 761
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanal 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.	system's s	econdary trans to compute this	mission servis amount, see	ce
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more) but less th	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that yo	ou must pay for	this six-month	I
	Line 1. Royalty fee for accounting period			·	
	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 lin	nes 1 and 2		• • <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00		
	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)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but l	ess than \$527	',600)	
	Enter the amount of gross receipts from space K	\$	443,399.00		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	179,599.00		
	4. Multiply line 3 by .01		\$	1,795.99	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6 .		\$	3,114.99
	FILING FEE AND TOTAL REMITTANCE DU	ΙE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,114.99	
Due	Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	3,134.99
	Important: Your remittance must be in the form of an electronic pays See page i of the general instructions in the paper SA1		_		ghts!

Accounting Period:	2023/2			FORM SA1	-2E. PAGE 7
Name	Fidelity Cablevision	NER OF CABLE SYSTEM: on, LLC		S	YSTEM ID# 7613
M Channels	to its subscribers, an Enter the total nur system carried tele Enter the total nur on which the cable	nd (2) the cable system's to imber of channels on which evision broadcast stations. imber of activated channels e system carried television in			
N Individual to Be Contacted		E CONTACTED IF FURTHI ut this statement of accoun	ER INFORMATION IS NEEDED (Identify an individual to v t.)	hom	
for Further Information	Name M	Melinda Lahmann		Telephone 573-468-1216	
		4 N Clark Jumber, street, rural route, apartr	ment, or suite number)		
		Sullivan, MO 63080 City, town, state, zip)			
	Email	melinda.lahmar	nn@fidelitycommunications.com Fax (opt	onal)	
	CERTIFICATION (Thi	is statement of account mu	st be certified and signed in accordance with Copyright O	ice regulations)	
O Certification	• I, the undersigned, h	hereby certify that (Check on	e, but only one , of the boxes.)		
	(Owner ot	ther than corporation or pa	artnership) I am the owner of the cable system as identified in	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	ner of the cable system as identified	
	X (Officer o		a corporation) or a partner (if a partnership) of the legal entity	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 s Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	tatement.	
		Typed or printed	name: Quynh Tran		
		Title: (Title of o	Vice President & Treasurer ficial position held in corporation or partnership)		
		Date:	Februar	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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
elity Cablevision, LLC	7613
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."	P Special Statement Concerning Gross
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	1
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
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	
ID number First community served Accounting period First community served	

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