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		
DATE RECEIVED AMOUNT	FOR COPYRIGHT	OFFICE USE ONLY
	DATE RECEIVED	AMOUNT
\$ ALLOCATION NUMBER	08/28/2018	

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	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
Accounting		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20181 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
		CoBridge Broadband, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Fidelity Cablevision, Inc.
		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 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, fown, 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.

		OVOTEM
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	CoBridge Broadband, LLC	35
	Instructions: List each separate community served by the cable system. A "com	
D	"a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing	ou list will serve as a form of system identification hereafter kno
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mol	pile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	New Roads	LA
Community	Pointe Coupee	LA
	Morganza	LA
Rows as Necessary		
	p	pp

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 3502

CoBridge Broadband, LLC

E

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 	1,650	34.99						
 Service to additional set(s) 								
 FM radio (if separate rate) 								
Motel, hotel	5	16.00						
Commercial	7	15.00						
Converter								
 Residential 								
 Non-residential 								
		T			I'''''			

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	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
 Pay cable 	рр	Motel, hotel	\$80/hr	Tier	48.00
 Pay cable—add'l channel 		Commercial	\$80/hr	Tier	10.00
 Fire protection 		Pay cable		Digital Basic	12.00
 Burglar protection 		Pay cable-add'l channel		Digital Tier	7.99
Installation: Residential		Fire protection			
First set	\$80/hr	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	\$25		
Converter		Disconnect			
		Outlet relocation			
		Move to new address	Move to new address		

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 3502

CoBridge Broadband, 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
WAFB	9	N	BATON ROUGE, LA
WBXH	39	l	BATON ROUGE, LA
WBRL	21	l	BATON ROUGE, LA
WBRZ	13	N	BATON ROUGE, LA
WBRZ-DT2	13.2	I-M	BATON ROUGE, LA
WBRZ-DT3	13.3	I-M	BATON ROUGE, LA
WGMB	45	N	BATON ROUGE, LA
WLPB	27	E	BATON ROUGE, LA
WVLA	34	N	BATON ROUGE, LA
	•		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CoBridge Broadband, LLC

3502

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: 2018/1						FOR	M SA1-2E. PAGE 5.				
	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#				
Name	CoBridge Broadband,	LLC						3502				
l	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a	fy every nor	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> sta CC rules, regu	lations, or au	thorizations.	For a further				
Substitute	explanation of the programm				ne generai insti	uctions in th	e paper SAT	-2 TOTM.				
Carriage: Special	1. SPECIAL STATEMENT					4		_				
Statement and												
Program Log	broadcast by a distant sta	uon?					YES	L^NO				
	Note: If your answer is "No"	, leave the	rest of this pag	ge blank. If your answer is	s "Yes," you m	ust complete	the prograr	n				
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS											
	In General: List each subst clear. If you need more span Column 1: Give the title period, was broadcast by a under certain FCC rules, reponot use general categori "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call sociumn 4: Give the broat the case of Mexican or Can Column 5: Give the monfirst. 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 was substituted for program	itute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." n was broad sign of the s idcast static adian statio th and day re "5/7." es when the Example: a er "R" if the ind regulatio	m on a separa add additional ranetwork televition and that yo rauthorizations vies" or "baske deast live, enterestation broadca on's location (thins, if any, the owner your system of program carried listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the gentball." List specific program "Yes." Otherwise enter "asting the substitute program community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for programing the accounting period	e program") that ed for the program instruction in titles, for ex "No." ream. e station is lice to station is idea to program. Use reable system :15 p.m. to 6:2 ramming that yid; enter the le	ent, during the gramming of ns for furthe ample, "I Lo ensed by the ntified). e numerals, v. List the time 28:30 p.m. slevour system tter "P" if the	e accounting another star r information ve Lucy" or FCC or, in with the mores accurate hould be was require listed progr	tion n. nth ly				
	effect on October 19, 1976.											
					WHE	EN SUBSTI	TUTE					
	S	UBSTITUT	E PROGRAM	1	1 1	IAGE OCC		7. REASON FOR				
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION				
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то					
							<u> </u>					
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Accounting Period:	2018/1		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		5	SYSTEM ID#
	CoBridge Broadband, LLC			3502
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the am all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of how 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.	secondary trans to compute this	mission servi s amount, see \$ 34	ce
	CORVEIGHT ROYALTY FFF			<u> </u>
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 to use block 3 if the amount of gross receipts in space K is more than \$263,800 but less to See page (vi) of the general instructions located in the paper SA1-2 form for more information.	han \$527,600 on.	\$263,800	
	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 y accounting period is \$52.00			ı
	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 lines 1 and 2	2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m	ore than \$137,	100)	
	Base amount under statutory formula	263,800.00		
	2. 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			0.00
	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 \$527	',600)	
	Enter the amount of gross receipts from space K	347,356.00		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	83,556.00		
	4. Multiply line 3 by .01	\$	835.56	
	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		\$	2,154.56
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	. \$	2,154.56	
Due	2. 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		\$	2,174.56
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo	_		ghts!

Accounting Period:	2018/1																				FOF	RM SA1	-2E. P	PAGE 7
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM: adband, LLC																				S		M ID#
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the carried	ou must give (1) the number of s, and (2) the cable system's to I number of channels on which television broadcast stations. I number of activated channels able system carried television cast services	total numb th the cabl s broadcas	mber able	ber of	factiva	ted cl	nannel	s durii	ng the	acco	oun	nting	perio	d.	tations					9			
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accoun		ORI	RMA	TION	IS NE	EDED	(Iden	tify an	indi	ividu	ual to	who	m									
for Further Information	Name	Melinda Lahmann													Tel	ephon	e 57	3-46	8-12	216				
	Address	64 N Clark (Number, street, rural route, apartn	ment, or su	suite	iite nur	nber)																		
		Sullivan, MO 63080 (City, town, state, zip)																						
	Email	melinda.lahman	n@fidel	elity	lityco	mmun	icatio	ns.co	n			Fa	ıx (op	otiona	ıl)									
	CERTIFICATION	(This statement of account mu	ust be cer	certifi	rtified	l and si	igned	in acc	ordan	ce with	h Co	pyr	ight (Office	regul	ations	5)							
O Certification	• I, the undersigne	ed, hereby certify that (Check on	ne, <i>but oni</i>	only d	ly one	e, of the	e boxe	es.)																
		er other than corporation or pa							able s	system	n as i	iden	itified	in lin	e 1 of	space	B; or							
		t of owner other than corporat line 1 of space B and that the ov									agent	it of	the o	wner	of the	cable	syste	m as i	dentifi	ied				
	X (Offic	eer or partner) I am an officer (if line 1 of space B.									f the I	lega	al ent	ity ide	entified	l as ow	vner o	f the c	able s	systen	n			
	I have examined	the statement of account and he, and correct to the best of my						-							tained	hereir	า							
			X		/s/	′ Carla	a Co	oper									_							
			Enter an Enter sig												ment.									
		Typed or printed	d name:	: "	Ca	arla C	юор	er																
		Title:	Vice F							p)														
		Date:											8/	22/18	3									

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ounting Period: 2018/1	FORM SA1-2E. PAGE 8
CAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Bridge Broadband, LLC	3502
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	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x days	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	-
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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