This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	08/28/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))	

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20181 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CoBridge Telecom, 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 sulte number)
		Sullivan, MO 63080
		(City, town, state, zip)
С		CONS: 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)
L		

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 ID#
Name	CoBridge Telecom, LLC	3569
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	nmunity" is the same as a "community unit" as defined in FCC rules: ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known
Area	as the "first community." Please use it as the first community on all future filir Note: Entities and properties such as hotels, apartments, condominiums, or m	ngs. obile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Nevada	MO
Community	Vernon County (portion)	MO
Add Rows as Necessary		
····,		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM IC
Name	CoBridge Telecom, LLC							010	356
Е	SECONDARY TRANSMISSION			-	-				
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							hashes	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar								
Rates	each category by counting the n	umber of billing	gs in that	category (the r	umber of	f persons or org	anizations		
	separately for the particular serv Rate: Give the standard rate of							e and the	
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed	for advar	nce payment.	-				
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity	should be cour	nted as a	subscriber in e	each appl	icable category.	Example:	a residential	
	subscriber who pays extra for ca first set" and would be counted of					in the count un	der "Servio	e to the	
	Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t	iers of services	that incl	ude one or moi	re second	lary transmissio	ns), list the	em, together	
	with the number of subscribers a sufficient.	and rates, in the	e right-ha	ind block. A two	o- or three	e-word descripti	on of the s	ervice is	
		OCK 1					BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	000001.00	2110		0,111				
	Service to first set		1,290	34.99					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel		3	13.00					
	Commercial		9	13.00					
	Converter Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat not covered in space E, that is, t	•	,			, ,			
-	service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually t	billed. If any rate	es are ch	arged on a varia	able per-pr	ogram basis,	
Transmissions:	Block 1: Give the standard rat	e charged by t							
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-				
	brief (two- or three-word) descrip				ieu. List			IOTTI OF a	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SERV	ICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installa	tion: Non-resid	dential				
	• Pay cable	рр		el, hotel		\$80/hr	Tier		48.
	• Pay cable—add'l channel			mercial		\$80/hr	Tier	D = = ! =	10.
	Fire protection Purater protection		• Pay		nnel		Digital		12.0
	•Burglar protection Installation: Residential		· ·	cable-add'l cha protection	umer		Digital		7.9
	First set	\$80/hr		lar protection					
	Additional set(s)	ψοστη		ervices:					
	• FM radio (if separate rate)			onnect		\$25			
	Converter		• Disc	onnect					
	• Converter		1	onnect et relocation					

				EVETEM ID
ne	LEGAL NAME OF OWNER OF			SYSTEM ID 356
	CoBridge Telecom, LI PRIMARY TRANSMITTERS:			
ary itters: sion	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part-ti- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- ne Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESP e-air designation. For example, repo- ivision station for broadcasting over the station, an independent station, or a for network multicast), "I" (for indepen- or "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station in	me basis under ims [sections ions carried on a postitute program log)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КСРТ	18	E	KANSAS CITY, MO
	KSPR-DT2	19.2	I-M	SPRINGFIELD, MO
	KFJX	13	Ν	PITTSBURG, KS
sary				
sary	КОАМ	7	N	PITTSBURG, KS
di y		7 43	N	
n y	КОАМ			PITTSBURG, KS
ary	KOAM KODE	43	N	PITTSBURG, KS JOPLIN, MO
sary	KOAM KODE KSHB	43 42	N N	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO
sary	KOAM KODE KSHB	43 42	N N	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO
isal y	KOAM KODE KSHB	43 42	N N	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO
, issail y	KOAM KODE KSHB	43 42	N N	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO
ssal y	KOAM KODE KSHB	43 42	N N	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO
sodi y	KOAM KODE KSHB	43 42	N N	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO
essaly	KOAM KODE KSHB	43 42	N N	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO
essaly	KOAM KODE KSHB	43 42	N N	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO
essaly	KOAM KODE KSHB	43 42	N N	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO
Jessal y	KOAM KODE KSHB	43 42	N N	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO
essaiy	KOAM KODE KSHB	43 42	N N	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO
Jessal y	KOAM KODE KSHB	43 42	N N	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO
UCSSGI Y	KOAM KODE KSHB	43 42	N N	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO
ecessal y	KOAM KODE KSHB	43 42	N N	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO
ecessary	KOAM KODE KSHB	43 42	N N	PITTSBURG, KS JOPLIN, MO KANSAS CITY, MO

EGAL NAME OF			(SIEM:					SYSTEM I 35
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) on the basis of For detailed infor paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation abour m. dentify the call tate whether f the radio stat this by placing tive the station	y the sys be recein at the Co l sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licen:	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UALL SIGN		3/0	LOOATION OF STATION	UALL SIGN		3/0	LOCATION OF STATION	

Name Cobridge Toroutes OF OWER OF CAULE STATEMENT AND PROGRAM LOO SSGE I SUBSTTUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOO In Generatic In space L lotently usery nonsexex terivision program. Incodately by disker staten, that your cable system carries on a space system. The activity of the accounting provide, under specifor program and torme FCO Lues, regulations, for a turber system. Carriage: Substrute SUBSTTUTE CARRIAGE: SPECIAL STATEMENT CANCENERMS SUBSTTUTE CARRIAGE: SPECIAL STATEMENT CONCENTIONS SUBSTTUTE CARRIAGE: Substrute Special Statement and Program Statement and Imme FCO Lues, regulations, or a turber system carry, on a substrute basis, any monnetwork television program. Statement and Program Log Yes (1) Your answer is "No", leave the real of this page blank. If your answer is "No", leave the real of this page blank. If your answer is "No", leave the real of dual dual rows to the tables. Column 1: Give the life of very monnetwork television program "StateState program" Table. Unliker alformation budget program Tables, or there are share the state on budget program (1) the state on a state state on the state on the state on a state state on the state on a state state on the state on the state on a state state on the stat	Accounting Perio	od: 2018/1						FOR	M SA1-2E. PAGE 5.
Coording releasing the program of the set of the second program is the second program is the program of the second program is the program of the second program is the program of the progra			CABLE SYS	TEM:					SYSTEM ID#
In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programing that must be includeed in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Program Log Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television, sorgam ("substitute program") that, during the accounting period, was broadcast by a distant station and matry our cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program. Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station is clear. If your cable system. List the times accurately to the nearest five minutes. Example: a program was carried by substitute program. Column 6: State the times when the substitute program was carried by our cable system. List the times accurately to delete to real and give more the expering and as yostem deal of during the accounting period, was substituted for program was substituted for program. Column 3: Give the month and day when your system carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:0	Name	CoBridge Telecom, LL	С						3569
In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programing that must be includeed in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Program Log Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television, sorgam ("substitute program") that, during the accounting period, was broadcast by a distant station and matry our cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program. Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station is clear. If your cable system. List the times accurately to the nearest five minutes. Example: a program was carried by substitute program. Column 6: State the times when the substitute program was carried by our cable system. List the times accurately to delete to real and give more the expering and as yostem deal of during the accounting period, was substituted for program was substituted for program. Column 3: Give the month and day when your system carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:0		SUBSTITUTE CARRIAG	E: SPECIA			3			
Substitute substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further 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 • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you ander more space, please add additional rows to the tables. Column 1: Give the tife of every nonnetwork television program "substitute program" that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "Love Lucy" or "NBA Basketball." Foers vs. Bulls." Column 3: Give the call sign of the station broadcast tile, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station station's location's locatin's location's loc	I I						ion that you	ır cable syste	em carried on a
Carriage: Statement and Program Log 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? YES Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is 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, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." 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 identified). Column 5: Give the month first. Example: for May 7 give "57." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program was carried by asystem form 6:0:115 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete	-	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or au	uthorizations.	For a further
Special Statement and Program Log • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? • YES • Not Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is 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, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program. Column 1: Give the call sign of the station broadcasting the substitute program. 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 by the FCC or, in the case of Mexican or Canadian stations, if any, the community with 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 licensed by the FCC or, in the case of Mexican or Canadian station and day when your system carried the substitute program. Use numerals, with the month 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 times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to						general instr	uctions in th	e paper SA1	-2 form.
Statement and Program Log During the decoding period, but you cable system carry, on a substitute basis, but not not not not not not not not not no	-								
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is 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, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: T6ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the broadcast station's location (the community this 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). Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in eff			-	r cable system	carry, on a substitute basis	s, any nonnet	twork televi	sion progran	
log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is 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, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: There you may broadcast live, enter "Yes." Otherwise enter "No." 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 with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month 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 times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was	Program Log	broadcast by a distant sta	tion?					YES	NO
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is 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, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "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 by the FCC or, in 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 numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted to delete under FCC rules and regulations in effect during the accounting p		Note: If your answer is "No'	', leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	e the prograi	m
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Name CoBridge Telecom, LLC CoBridge Telecom, LLC Cross Receips CoBSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space B) during the accounting period. For a further explanation of how compute this amounts, see page (vii) of the general instructions located in the page SA: 2 form. Image SA: 2 form, secondary transmission service (s) during the accounting period	Accounting Period:	2018/1			FORM S	A1-2E. PAGE 6.
Conserving Filesconn, LLC Conservence Gross Receipts Gross Receipts Gross receipts and your catle system by subscripts role the system security can anount on the system security of the system security can be system security of the system security can be system security of the system security can be system secu	Name				Ş	SYSTEM ID#
K Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (goes receipts) append SA-12 form the secondary transmission service (a) identified in space 5 (Armg the accounting period. For a stuther explanation of how to compute this amount, see page (v) of the general instructions bacated in the append SA-12 form (s) during the accounting period. Status (SA) Status (SA) <ths< th=""><th></th><th>CoBridge Telecom, LLC</th><th></th><th></th><th></th><th>3569</th></ths<>		CoBridge Telecom, LLC				3569
L Instructions: To compute the royality fee you ove: Copyright Royality Fee : Complete block 1, block 2, or block 3. * Use block 1 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 * Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 See page (v) of the general instructions located in the page \$137,100 or less. Instructions: As a cable system with gross receipts of \$137,100 or less, the royality fee that you must pay for this six-month accounting period is \$22.00 Line 1. Royality fee for accounting period. Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) 1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K.		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 e (as identified in space E) during the accounting period. For a further explanati 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.	system's s ion of how	econdary trans to compute this	mission servi s amount, see \$ 27	23,727.00
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00 Line 1. Royalty fee for accounting period .		 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 	but less th	nan \$527,600	\$263,800	
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2. Base amount under statutory formula \$ 263,800.00 3. Subtract line 2 from line 1 \$ 9,927.00 4. Multiply line 3 by .01 \$ 99.27 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 \$ 1,418.2		BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but	less than \$527	,600)	
3. Subtract line 2 from line 1 \$ 9,927.00 4. Multiply line 3 by .01 \$ 99.27 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 \$ 1,418.2		1. Enter the amount of gross receipts from space K	\$	273,727.00		
4. Multiply line 3 by .01 \$ 99.27 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 \$ 1,418.2		2. Base amount under statutory formula	\$	263,800.00		
5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		3. Subtract line 2 from line 1	\$	9,927.00		
6. Interest charge. Enter the amount from line 4, space Q, page 8		4. Multiply line 3 by .01		\$	99.27	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 \$ 1,418.2		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	
FILING FEE AND TOTAL REMITTANCE DUE		7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	, 5, and 6 .		\$	1,418.27
		FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	-	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,418.27	
Due 2. Filing Fee (See the instructions for more information on filing fee calculations)	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 \$ 1,438.2		3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,438.27
Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights! See page i of the general instructions in the paper SA1-2 form for more information.				-		ghts!

	2018/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME O CoBridge Te	F OWNER OF CABLE SYSTEM: elecom, LLC	SYSTEM ID# 3569
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	7 325
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Melinda Lahmann Telephone 57	73-468-1216
	Address	64 N Clark (Number, street, rural route, apartment, or suite number)	
		Sullivan, MO 63080 (City, town, state, zip)	
	Email	melinda.lahmann@fidelitycommunications.com Fax (optional)	
O Certification	I, the undersig (Ow (Age X (Of	(This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (mer other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of	
	 I have examir 	in line 1 of space B.	of the cable system
	are true, comp		of the cable system
	are true, comp	in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	of the cable system
	are true, comp	in line 1 of space B. Hed the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. Ction 1001(1986)] $\underbrace{X /s/ \text{ Carla Cooper}}_{\text{Enter an electronic signature on the line above to certify this statement.}}_{\text{Enter signature using an "/s/ signature" (e.g., /s/ John Smith)}}$ Typed or printed name: $\underbrace{Carla Cooper}_{\text{Enter Annote: Carla Cooper}}$	of the cable system
	are true, comp	in line 1 of space B. Hed the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. Ction 1001(1986)] $\underbrace{X /s/ Carla Cooper}_{Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)$	of the cable system

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 telephoi 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 lay

ounting Period: 2018/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Bridge Telecom, LLC	356
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 a scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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 transmission	Sub- Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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	ent.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	
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 Assessmen
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Line 1 Enter the amount of late payment or underpayment	Interest Assessment - days -)
Line 1 Enter the amount of late payment or underpayment	 days)
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment

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