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				
2/22/22	\$ 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

A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) 2021/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20212 Barcode Data Filing Period (optional - see instructions)	
Percede Data Filing Period (entired Less instructions)	
20212 Barcode Data Filing Period (optional - see instructions)	
Accounting	
Period	
B 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)	
C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless the names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space E.	
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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM							
Name	Fidelity Cablevision, LLC	221							
	Instructions: List each separate community served by the cable system. A "communit								
D	"a separate and distinct community or municipal entity (including unincorporated cordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single t will serve as a form of system identification hereafter kno							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the								
Served	identified city.								
	CITY OR TOWN	STATE							
First	West Plains	MO							
Community	Howell County	MO							
Davis as Nassassas									
Rows as Necessary									

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Fidelity Cablevision, LLC

SYSTEM ID#

22185

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.

BLG	OCK 1	BLOCK	(2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	624	50.86			
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel	1	14.80			
Commercial	13	13.30			
Converter					
Residential					
Non-residential					
1					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

BLOCK 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	PP	Motel, hotel	\$80/hr	Tier	56.00
 Pay cable—add'l channel 		Commercial	\$80/hr	Tier	13.00
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			

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

EGAL NAME OF OWNER OF CABLE STSTEM

SYSTEM ID# 22185

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

Fidelity Cablevision, LLC

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
K38HE	38.1	l	WEST PLAINS, MO
KKAP	36.1		LITTLE ROCK, AR
KOLR	10.1	N	SPRINGFIELD, MO
KOZK	21.1	E	SPRINGFIELD, MO
KOZL	27.1		SPRINGFIELD, MO
KOZL-DT2	27.2	I-M	SPRINGFIELD, MO
KOZL-DT3	27.3	I-M	SPRINGFIELD, MO
KRBK	49.1	N	OSAGE BEACH, MO
KRBK-DT2	49.2	I-M	OSAGE BEACH, MO
KRBK-DT3	49.3	I-M	OSAGE BEACH, MO
KSPR	33.1	N	SPRINGFIELD, MO
KYCW-LD	24.1	l	SPRINGFIELD, MO
KSPR-DT3	33.3	I-M	SPRINGFIELD, MO
KYTV	3.1	N	SPRINGFIELD, MO
KYCW-DT2	3.2	I-M	SPRINGFIELD, MO
KYCW-DT3	3.3	I-M	SPRINGFIELD, MO

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

22185

Fidelity Cablevision, LLC

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CVIT SICK	AM or EM	S/D	LOCATION OF STATION	CALL SICN	AM or EM	S/D	I OCATION OF STATION
CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION
			 				
							
			 				
			 				
	L						

Accounting Perio	od: 2021/2						FORM	/I SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#		
- Tunio	Fidelity Cablevision, L	.LC						22185		
I	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a	tify every no	nnetwork televi eriod, under sp	ision program, broadcast by pecific present and former F	a <i>distant</i> sta CC rules, reg	ulations, or	authorization	ns. For a further		
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special	 During the accounting pe 				sis. anv nonr	network tele	evision progr	ram		
Statement and Program Log	broadcast by a distant sta	•	ar cable cycle.		o.o, a.r.yo		YES	X NO		
r rogram 20g	_	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.	,	'	,	, ,	· ·	, ,	•		
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 meaniclear. 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 accouperiod, was broadcast by a distant station and that your cable system substituted for the programming of another under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further inform Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy "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 of 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 first. Example: for May 7 give "577." Column 6: State the times when the substitute program was carried by your cable system. List the times accute 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 required 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 effect on October 19, 1976.							the account of another sther informa Love Lucy" the FCC or, s, with the n times accura . should be at was required the listed proations in	ing station tion. or in nonth ately ired ogram		
		UBSTITUT	E PROGRAM 3. STATION'S		5. MONTH	AGE OCC 6. T	URRED IMES	7. REASON FOR DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то			
		 								
		 								
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Accounting Period:	2021/2			FORM S	A1-2E. PAGE 6.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#			
7141119	Fidelity Cablevision, LLC				22185			
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 explanatipage (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.	system's sion of how	secondary trans to compute thi	smission servic s amount, see	4,137.00			
	CONVENIENT POVALTY FFF				-			
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.							
	BLOCK 1: GROSS RECEIPTS OF \$137							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the roya accounting period is \$52.00	Ity fee that	you must pay f	or this six-mont	1			
	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 I	ines 1 and	2					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but m	ore than \$137	100)				
	Base amount under statutory formula	\$	263,800.00	_				
	2. Enter amount of gross receipts from space K	\$	214,137.00	_				
	3. Subtract line 2 from line 1	\$	49,663.00	_				
	4. Enter the amount of gross receipts from space K		\$ 2	214,137.00				
	5. Enter the amount from line 3		\$	49,663.00				
	6. Subtract line 5 from line 4		\$	164,474.00				
	7. Multiply line 6 by .005 (enter figure here)			\$	822.37			
	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		\$	822.37			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$52	7,600)				
	Enter the amount of gross receipts from space K							
	Base amount under statutory formula			-				
	3. Subtract line 2 from line 1		· · · · · · · · · · · · · · · · · · ·	=				
	4. Multiply line 3 by .01			-				
	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						
	FILING FEE AND TOTAL REMITTANCE DU							
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	822.37				
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			\$	842.37			
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		ghts!			

Accounting Period:	2021/2			FORM SA1-2E. PAGE 7.					
Name	Fidelity Cablev	OWNER OF CABLE SYSTEM:		SYSTEM ID# 22185					
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.								
		number of channels on whic television broadcast stations	h the cable	23					
	on which the ca	number of activated channerable system carried televisionast services	broadcast stations	312					
N Individual to		BE CONTACTED IF FURTH	HER INFORMATION IS NEEDED (Identify an individual to whom nt.)						
Be Contacted for Further Information	Name	Melinda Lahmann	Telephone	573-468-1216					
	Address	64 N Clark (Number, street, rural route, apart	ment, or suite number)						
	***************************************	Sullivan, MO 63080 (City, town, state, zip)							
	Email	melinda.lahmar	nn@fidelitycommunications.com Fax (optional)						
0	CERTIFICATION	(This statement of account m	ust be certified and signed in accordance with Copyright Office regulations	5)					
Certification	• I, the undersigne	ed, hereby certify that (Check o	ne, but only one, of the boxes.)						
	(Owner	r other than corporation or p	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 owner of the cable swner is not a corporation or partnership; or	system as identified					
		er or partner) I am an officer (ine 1 of space B.	f a corporation) or a partner (if a partnership) of the legal entity identified as ow	ner of the cable system					
		e, and correct to the best of my	hereby declare under penalty of law that all statements of fact contained hereir knowledge, information, and belief, and are made in good faith.	1					
			X /s/ Raymond Storck						
			Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)						
		Typed or printed	name: Raymond Storck						
		Title:	Vice President Finance fficial position held in corporation or partnership)						
		Date:	2/21/22						

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Accounting Period: 2021/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Fidelity Cablevision, LLC	22185
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." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
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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