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.

Γ

SA1-2E Short Form

Return completed workbook

STATEME		OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:	
		nsmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>	
Cable System General instruct in the first tab of	ctions a	are located	2/22/22	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
Α	 [2021/2	BY THIS STATEMENT: (Y Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31		
Accounting Period		20212	Barcode Data Filing Period (optional	- see instructions)		
B Owner		title of the subsidiary, not that of the pare List any other name or names under whic	nt corporation. n the owner conducts the business of t accounting period, only the owner on re payment covering the entire accour	the last day of the accounting period should thing period.		
		LEGAL NAME OF OWNER/MAILING	GADDRESS OF CABLE SYSTEM	l		
		Fidelity Cablevision, LLC				
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT	Γ)		
		CoBridge Broadband, LLC dba Fide		·		
		MAILING ADDRESS OF OWNER OF	•			
		64 N Clark Number, street, rural route, apartment, or suite nu				
		Sullivan, MO 63080 (City, town, state, zip)				
С				ntify the business and operation of the		
System		IDENTIFICATION OF CABLE SYSTEM:	z, give the mailing address of tr	ne system, if different from the addre	ss given in space B	
-	1					
		MAILING ADDRESS OF CABLE SYSTEM:				
	2	Number, street, rural route, apartment, or suite nu	mber)			
		(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Fidelity Cablevision, LLC	273
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete 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.	mmunities within unincorporated areas and including singl st will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hidentified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	Hardy	AR AR
Community	Cherokee Village	
	Highland	AR
ld Rows as Necessary		

									1-2E. PAGI
Name	LEGAL NAME OF OWNER OF C							513	2736
	Fidelity Cablevision, LL	C							2150
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCR	BERS AND R	ATES				
E	In General: The information in s	•		-					
	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						ose existi	ng on the	
Service: Sub-	Number of Subscribers: Both						e svstem.	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate c							o and the	
	unit in which it is generally billed	-	-	•			-		
	category, but do not include disc				ny standar		within a p		
	Block 1: In the left-hand block	in space E, the	e form l	ists the catego	ries of seco	ondary transmiss	ion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity								
	subscriber who pays extra for ca					0,			
	first set" and would be counted of	once again und	er "Serv	vice to addition	al set(s)."				
	Block 2: If your cable system								
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.	and rates, in the	e right-r	Iand Diock. A ly	vo- or three	e-word description	n oi the s	ervice is	
		OCK 1					BLOC	٢2	
		NO. OF						NO. OF	_
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	VICE	SUBSCRIBERS	RA
	Residential:		450	50.00					
	Service to first set		459	50.86					
	Service to additional set(s)								
	• FM radio (if separate rate)		3	14.00					
	Motel, hotel		3	14.00					
	Commercial Converter		2	22.70					
	Residential								
	Non-residential								
	• Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS' RATE	s				
-	In General: Space F calls for rat					l your cable syst	em's servi	ces that were	
F	not covered in space E, that is, t								
0	service for a single fee. There are	•			•		• • • •		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usualiy	billed. If arry re		arged on a varia	bie pei-pi	ogram basis,	
		• •				••			
•	Block 2: List any services that	t your cable sys		nished or offer	ed during t	he accounting p			
ransmissions: Rates	lists at the later of the set of the second state is a set of the second state of the							form of a	
ansmissions:	listed in block 1 and for which a shrief (two- or three-word) description				shed. List t	hese other servi	ces in the		
ansmissions:	listed in block 1 and for which a brief (two- or three-word) descrip	otion and includ	e the ra		shed. List t	hese other servi	ces in the		
ansmissions:	brief (two- or three-word) descrip	otion and includ	e the ra	ate for each.				BLOCK 2	RA
ansmissions:	brief (two- or three-word) descrip	otion and includ	e the ra CK 1 CATE	ate for each. GORY OF SER	VICE	hese other servi		BLOCK 2 ORY OF SERVICE	RA
ansmissions:	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	otion and includ	e the ra CK 1 CATE Install	ate for each. GORY OF SER ation: Non-res	VICE	RATE	CATEG		
ansmissions:	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO RATE	CK 1 CATE Install	ate for each. GORY OF SER	VICE				RA 56
ansmissions:	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLO RATE	CK 1 CATEC Install • Mc • Co	ate for each. GORY OF SER ation: Non-res	VICE	RATE \$80/hr	CATEG	ORY OF SERVICE	56 13
ansmissions:	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO RATE	CK 1 CATEC Install • Mo • Co • Pa	ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable	VICE	RATE \$80/hr	CATEG	ORY OF SERVICE	56
ansmissions:	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO RATE	e the ra CK 1 CATE(Install • Mo • Co • Pa • Pa	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial	VICE	RATE \$80/hr	CATEG Tier Tier Digital	ORY OF SERVICE	56 13 12
ansmissions:	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	BLO RATE	e the ra CK 1 CATE(Install • Mo • Co • Pa • Pa • Fir	ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l cl	WICE sidential	RATE \$80/hr	CATEG Tier Tier Digital	ORY OF SERVICE	56 13 12
ansmissions:	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	BLOO RATE	e the ra CK 1 CATEC Install • Mo • Co • Pa • Pa • Fir • Bu	ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l cl e protection	WICE sidential	RATE \$80/hr	CATEG Tier Tier Digital	ORY OF SERVICE	56 13 12
ansmissions:	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOO RATE	e the ra CK 1 CATE Install • Mo • Co • Pa • Pa • Fir • Bu Other	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection	WICE sidential	RATE \$80/hr	CATEG Tier Tier Digital	ORY OF SERVICE	56 13 12
ansmissions:	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOO RATE	e the ra CK 1 CATEC Install • Mc • Co • Pa • Pa • Fir • Bu Other • Re	ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services:	WICE sidential	RATE \$80/hr \$80/hr	CATEG Tier Tier Digital	ORY OF SERVICE	56 13 12
ansmissions:	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLOO RATE	e the ra CK 1 CATEC Install • Mo • Co • Pa • Pa • Fir • Bu • Bu • Other • Re • Dis	ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect	WICE sidential	RATE \$80/hr \$80/hr	CATEG Tier Tier Digital	ORY OF SERVICE	56 13 12

ounting Period:	2021/2				FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:			SYSTEM ID
	Fidelity Cablevision,	LLC			2736
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including t m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.67 is explained in the next paragraph. :: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, i 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 e carriage of certain network prog I(e)(2) and (4))]; and (2) certain st rried by your cable system on a su e Special Statement and Program both on a substitute basis and all see page (v) of the general instruc- rogram services such as HBO, ES air designation. For example, rep vision station for broadcasting over tation, an independent station, or or network multicast), "I" (for inde r "E-M" (for noncommercial educa- ctions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. .PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).	
				6 L 0017101 0	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION O	FSTATION
	K38HE-D	38.1	I	WEST PLAINS, MO	
	KAIT	8.1	Ν	JONESBORO, AR	
dd Rows as Necessary	KAIT-DT2	8.2	N-M	JONESBORO, AR	
	KAIT-DT3	8.3	I-M	JONESBORO, AR	
	KETS	2.1	E	LITTLE ROCK, AR	
	KJNB-LD1	39.1	Ν	JONESBORO, AR	
	KJNB-LD2	39.2	N-M	JONESBORO, AR	
	KJNB-LD3	39.3	I-M	JONESBORO, AR	
	KSPR-DT2	33.2	I-M	SPRINGFIELD, MO	
	KVTN	25.1	I	PINE BLUFF, AR	
	КҮТV	3.1	N	SPRINGFIELD, MO	

EGAL NAME OF			I STEM.					SYSTEM II 273
	every radio s	station ca	arried on a separate and discronnerally receivable by your cab					Н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate t Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing ive the station	y the sys be recein the contract of the sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the	t the system's he system's FM ante this point, see pa ed by the cable s the station is licens	adend, and (2 anna, during co ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ii eparate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM		the community with which the	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		S/D	LOCATION OF STATION	CALL SIGN	AM OF FM	S/D	LOCATION OF STATION	

Name			TEM				FOR	M SA1-2E. PAGE 5
Nume	LEGAL NAME OF OWNER OF Fidelity Cablevision, L		IEM:					SYSTEM ID# 27366
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ccounting pe	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or a	uthorizatio	ns. For a further
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	During the accounting per	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network telev	ision prog	r <u>am</u>
Program Log	broadcast by a distant sta	ition?					YES	× NO
	Note: If your answer is "No	o", leave the	rest of this pa	ige blank. If your answer is	s "Yes," you i	must comple	te the prog	gram
	log in block 2.							
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	of every no a distant stat egulations, o ries like "mo Bulls." m was broad sign of the adcast statio hadian statio thand day ve "5/7." es when the . Example: a ter "R" if the and regulation mming that y	onnetwork tele tion and that y or authorization ovies" or "bask dcast live, entr station broadc on's location (i ons, if any, the when your sy e substitute pr a program carr i listed program	vision program ("substitute our cable system substitut ns. See page (v) of the gen etball." List specific progra er "Yes." Otherwise enter ' asting the substitute progra the community to which the e community with which the stem carried the substitute ogram was carried by your ried by a system from 6:01 n was substituted for progravity of the luring the accounting period	ed for the pri- neral instruct m titles, for of am. e station is li- e station is id program. U cable syste :15 p.m. to for ramming that d; enter the	ogramming of tions for furth example, "I L censed by th lentified). se numerals m. List the ti 5:28:30 p.m. t your system letter "P" if th	of another a ner informa ove Lucy" he FCC or, , with the n mes accura should be n was <i>requ</i> ne listed pro-	station tion. or in nonth ately <i>iired</i>
		•						
	S	UBSTITUT		1				7 REASON FO
	SI 1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM		CARRI 5. MONTH	AGE OCCU 6. TII	IRRED MES	7. REASON FO DELETION
		1 1		4. STATION'S LOCATION	CARRI	AGE OCCL	IRRED	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	IRRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	IRRED MES	7. REASON FO DELETION
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TII	IRRED MES	

Accounting Period:	2021/2	FORM SA1	-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Fidelity Cablevision, LLC	SYS	STEM ID# 27366
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this am 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.	sion service nount, see	935.00 s receipts)
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 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.	3,800	
	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 you must pay for thi accounting period is \$52.00	is six-montl	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100		
		7	
	1. 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 \$527,60	0)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	· · · · · · · · · · · · · · · · · · ·		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	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 DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form for more information		its!

Accounting Period:	2021/2			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF Fidelity Cable	WNER OF CABLE SYSTEM: ision, LLC		SYSTEM ID# 27366
M Channels	to its subscribe	u must give (1) the number of channels on which the cable sys , and (2) the cable system's total number of activated channels number of channels on which the cable television broadcast stations	during the accounting period.	20
	on which the	number of activated channels ble system carried television broadcast stations ast services		310
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED bout this statement of account.)	(Identify an individual to whom	
for Further Information	Name	Melinda Lahmann	Telephone	573-468-1216
	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 undersign (Own (Ager ir X (Official	This statement of account must be certified and signed in account, hereby certify that (Check one, <i>but only one</i> , of the boxes.) other than corporation or partnership) I am the owner of the car of owner other than corporation or partnership) I am the duly a ne 1 of space B and that the owner is not a corporation or partners r or partner) I am an officer (if a corporation) or a partner (if a par ne 1 of space B.	able system as identified in line 1 of space nuthorized agent of the owner of the cable ship; or	B; or system as identified
		the statement of account and hereby declare under penalty of law , and correct to the best of my knowledge, information, and belief, n 1001(1986)]		1
		Enter an electronic signature on the Enter signature using an "/s/ signature	line above to certify this statement.	
		Typed or printed name: Raymond Storck		
		Title: Vice President Finance (Title of official position held in corporation or partn	ership)	
		Date:	2/21/22	

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

unting Period: 202	1/2				FORM SA1-2E. PAGE
AL NAME OF OWNER	R OF CABLE SYSTEM:				SYSTEM I
elity Cablevisio	n, LLC				2736
The Satellite Hom lowing sentence: "In determine service of performance for more informate located in the pape During the account made by satellite of X NO	ting period, did the cable system exclude any amoun arriers to satellite dish owners?	(1)(1)(A), of the Cop nounts paid to the cast transmitters, the ndary transmission on page (vii) of the ts of gross receipts	yright Act by adding the cable system for the ba e system shall not inclu is pursuant to section 1 general instructions	asic de sub- 19."	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	e total here and list the satellite carrier(s) below				
INTEREST AS	SESSMENT				
	e this worksheet for those royalty payments submitted of interest assessment, see page (viii) of the genera				Q
For an explanatior	e this worksheet for those royalty payments submitted of interest assessment, see page (viii) of the genera	l instructions locate			Q Interest Assessment
For an explanatior	e this worksheet for those royalty payments submitted	l instructions locate			Q Interest Assessmen
For an explanation	e this worksheet for those royalty payments submitted of interest assessment, see page (viii) of the genera amount of late payment or underpayment	l instructions locate	ed in the paper SA1-2 f		Q Interest Assessme
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For an explanation Line 1 Enter the Line 2 Multiply lin	e this worksheet for those royalty payments submitted a of interest assessment, see page (viii) of the genera amount of late payment or underpayment	l instructions locate	xx		Q Interest Assessme
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