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 workbool by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	02/28/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
Accounting		2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20182 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	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	34163
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CABLE ONE, INC. BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		210 E EARLL DRIVE (Number, street, rural route, apartment, or suite number)	
		(Number, street, rural route, apartment, or suite number) PHOENIX, AZ 85012-2626 (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 is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	1930 BREWER RD. (Number, street, rural route, apartment, or suite number)	
		DYERSBURG, TN 83024 (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 suffciency of the fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CABLE ONE, INC.	34163
D	Instructions: List each separate community served by the cable system. A "commun" a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single,
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	FRIENDSHIP	TN
Community		
dd Rows as Necessary		

									-2E. PAGI
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	
	CABLE ONE, INC.								3416
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES				
E	In General: The information in s								
Secondary	system, that is, the retransmissic about other services (including p								
Transmission	last day of the accounting period							ing on the	
Service: Sub-	Number of Subscribers: Both	blocks in space	e E cal	I for the numbe	r of subsc	ribers to the cat			
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular serve							chargeo	
	Rate: Give the standard rate c	harged for each	catego	ory of service. I	nclude bot	th the amount o	f the charg		
	unit in which it is generally billed.				ny standar	d rate variations	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				es of serv	ondary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note	: Where an indi	ividual	or organization	is receivin	ng service that f	alls under	different	
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					in the count un	der "Servio	ce to the	
	Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, ti	ers of services	that inc	clude one or mo	re second	lary transmissio	ns), list the	em, together	
	with the number of subscribers a	nd rates, in the	right-h	and block. A tw	o- or three	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1					BLOCK	(2	
		NO. OF		DATE	0.17			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Service to first set		42	40.00					
	Service to additional set(s)		89	-0.00					
	• FM radio (if separate rate)								
	Motel, hotel			7.00					
	Commercial		2	8.00					
	Converter								
	Residential								
	 Non-residential 								
	SERVICES OTHER THAN SEC								
-	In General: Space F calls for rat					l your cable sys	tem's serv	ices that were	
F	not covered in space E, that is, th								
Samiaaa	service for a single fee. There ar		,		0				
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		-9,	
ransmissions:	Block 1: Give the standard rat							wara nat	
Rates	Block 2: List any services that listed in block 1 and for which a s	• •			-	• •			
	brief (two- or three-word) descrip								
		BLOC	K 1					BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		nstalla	ation: Non-resi	dential				
	• Pay cable	35.00	• Mo	tel, hotel		90.00	EXPAN	IDED BASIC	40.
	Pay cable—add'l channel	14.00		mmercial		90.00			
	Fire protection			y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential	00.00		e protection					
	First set Additional set(s)	90.00		rglar protection					
	Additional set(s) EM radio (if separate rate)	60.00		services: connect		60.00			
	 FM radio (if separate rate) Converter 			connect		60.00			
	Conventer			tlet relocation		60.00			
			- Oul	ICLICIOCALIUII		00.00			
			• Mo	ve to new addre	ss	30.00			

	LEGAL NAME OF OWNER OF	CADIE SVSTEM		SYSTEM ID#
ne	CABLE ONE, INC.	CABLE STOTEM.		34163
	PRIMARY TRANSMITTERS:	TELEVISION		
ary itters: ision	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 her station was carried <i>only</i> on • List the station here, and basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to 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-the carriage of certain network progratice carriage of certain network progratice) (2) and (4))]; and (2) certain statement and Program I describe by your cable system on a subtract program services such as HBO, ESF evailed by the general instruction of the general instruction of the second second second second second second second second by of the general instruction of the second secon	ime basis under ams [sections tions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in 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
	WATN	25	N	
		=•	14	MEMPHIS, TN
	WBBJ-DT1	43	N-M	MEMPHIS, TN JACKSON, TN
sary				
ıry	WBBJ-DT1	43	N-M	JACKSON, TN
y	WBBJ-DT1 WBBJ-DT2	43 43	N-M N-M	JACKSON, TN JACKSON, TN
ary	WBBJ-DT1 WBBJ-DT2 WDYR-LP	43 43 33	N-M N-M I	JACKSON, TN JACKSON, TN DYERSBURG, TN
ry	WBBJ-DT1 WBBJ-DT2 WDYR-LP WHBQ	43 43 33 13	N-M N-M I I	JACKSON, TN JACKSON, TN DYERSBURG, TN MEMPHIS, TN
ry	WBBJ-DT1 WBBJ-DT2 WDYR-LP WHBQ WKNO	43 43 33 13 29	N-M N-M I E	JACKSON, TN JACKSON, TN DYERSBURG, TN MEMPHIS, TN MEMPHIS, TN
ary	WBBJ-DT1 WBBJ-DT2 WDYR-LP WHBQ WKNO WLJT	43 43 33 13 29 47	N-M N-M I E	JACKSON, TN JACKSON, TN DYERSBURG, TN MEMPHIS, TN MEMPHIS, TN LEXINGTON, TN MEMPHIS, TN
ary	WBBJ-DT1 WBBJ-DT2 WDYR-LP WHBQ WKNO WLJT WLMT	43 43 33 13 29 47 31	N-M N-M I E E I	JACKSON, TN JACKSON, TN DYERSBURG, TN MEMPHIS, TN MEMPHIS, TN LEXINGTON, TN
ary	WBBJ-DT1 WBBJ-DT2 WDYR-LP WHBQ WKNO WLJT WLMT WMC WMC-2	43 43 33 13 29 47 31 5	N-M N-M I E E E I N	JACKSON, TN JACKSON, TN DYERSBURG, TN MEMPHIS, TN MEMPHIS, TN LEXINGTON, TN MEMPHIS, TN MEMPHIS, TN
sary	WBBJ-DT1 WBBJ-DT2 WDYR-LP WHBQ WKNO WLJT WLMT WMC WMC-2 WMC-3	43 43 33 13 29 47 31 5 5 5 5 5	N-M N-M I I E E I N I N I-M	JACKSON, TN JACKSON, TN DYERSBURG, TN MEMPHIS, TN MEMPHIS, TN LEXINGTON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN
ssary	WBBJ-DT1 WBBJ-DT2 WDYR-LP WHBQ WKNO WLJT WLMT WMC WMC-2 WMC-3 WPXX	43 43 33 13 29 47 31 5 5 5 5 5 5 5 5 5	N-M N-M I I I I N I N I-M I I	JACKSON, TN JACKSON, TN DYERSBURG, TN MEMPHIS, TN MEMPHIS, TN LEXINGTON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN
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essary	WBBJ-DT1 WBBJ-DT2 WDYR-LP WHBQ WKNO WLJT WLMT WMC WMC-2 WMC-3 WPXX	43 43 33 13 29 47 31 5 5 5 5 5 5 5 5 5	N-M N-M I I I I N I N I-M I I	JACKSON, TN JACKSON, TN DYERSBURG, TN MEMPHIS, TN MEMPHIS, TN LEXINGTON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN
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essary	WBBJ-DT1 WBBJ-DT2 WDYR-LP WHBQ WKNO WLJT WLMT WMC WMC-2 WMC-3 WPXX	43 43 33 13 29 47 31 5 5 5 5 5 5 5 5 5	N-M N-M I I I I N I N I-M I I	JACKSON, TN JACKSON, TN DYERSBURG, TN MEMPHIS, TN MEMPHIS, TN LEXINGTON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN
eessary	WBBJ-DT1 WBBJ-DT2 WDYR-LP WHBQ WKNO WLJT WLMT WMC WMC-2 WMC-3 WPXX	43 43 33 13 29 47 31 5 5 5 5 5 5 5 5 5	N-M N-M I I I I N I N I-M I I	JACKSON, TN JACKSON, TN DYERSBURG, TN MEMPHIS, TN MEMPHIS, TN LEXINGTON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN
essary	WBBJ-DT1 WBBJ-DT2 WDYR-LP WHBQ WKNO WLJT WLMT WMC WMC-2 WMC-3 WPXX	43 43 33 13 29 47 31 5 5 5 5 5 5 5 5 5	N-M N-M I I I I N I N I-M I I	JACKSON, TN JACKSON, TN DYERSBURG, TN MEMPHIS, TN MEMPHIS, TN LEXINGTON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN
cessary	WBBJ-DT1 WBBJ-DT2 WDYR-LP WHBQ WKNO WLJT WLMT WMC WMC-2 WMC-3 WPXX	43 43 33 13 29 47 31 5 5 5 5 5 5 5 5 5	N-M N-M I I I I N I N I-M I I	JACKSON, TN JACKSON, TN DYERSBURG, TN MEMPHIS, TN MEMPHIS, TN LEXINGTON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN
ecessary	WBBJ-DT1 WBBJ-DT2 WDYR-LP WHBQ WKNO WLJT WLMT WMC WMC-2 WMC-3 WPXX	43 43 33 13 29 47 31 5 5 5 5 5 5 5 5 5	N-M N-M I I I I N I N I-M I I	JACKSON, TN JACKSON, TN DYERSBURG, TN MEMPHIS, TN MEMPHIS, TN LEXINGTON, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN

ECAL NAME OF	eriod: 2018		/STEM-					I SA1-2E. PAGE
		ABLE SY	STEN.					SYSTEM I
CABLE ONE	, INC.							341
PRIMARY TRA								н
			arried on a separate and discroneration on a separate and discroneration of the separate and the separate an					п
	-	-				-		
			I-Band FM Carriage: Under (Primary
			tem whenever it is received a ved at the headend, with the s					Transmitters Radio
			pyright Office regulations on t					Ruulo
aper SA1-2 for					go (1) of the g	ionoran i		
		sign of e	each station carried.					
			on is AM or FM.					
		-	nal was electronically process	ed by the cable s	system as a se	eparate	and discrete	
			k mark in the "S/D" column.			0	44	
			on (the community to which th the community with which the			C or, in	the case of	
	aulan stations	s, ii aliy,	the community with which the	station is identifi	eu).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	od: 2018/2						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	CABLE ONE, INC.							34163
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LOO	3			
I	In General: In space I, ident							
	substitute basis during the a							
Substitute	explanation of the programm				e general instri	uctions in the p	aper SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	 During the accounting per 	iod, did your	cable system	carry, on a substitute basi	s, any nonnet	work televisio	n program	
Program Log	broadcast by a distant sta	tion?					YES	× NO
r rogram zog	Note: If your answer is "No	" loovo tho r	rost of this page	o blank. If your answor is "		st complete th	-	
	-	, leave the f	lest of this pag	je bialik. Il your aliswel is	res, you mu	ist complete ti	le program	11
	log in block 2.		M0					
	2. LOG OF SUBSTITUTE In General: List each subst			to line. Lise abbroviations v	whorever pee	sible if their m	ooning is	
	clear. If you need more spa				wherever pos		icaning is	
				ision program ("substitute p	program") that	t, during the a	ccounting	
	period, was broadcast by a							ion
	under certain FCC rules, re							l.
	Do not use general categor		ies" or "baske/	tball." List specific program	i titles, for exa	ample, "I Love	Lucy" or	
	"NBA Basketball: 76ers vs.		cast live enter	r "Yes." Otherwise enter "N	0 "			
	Column 3 . Give the call	sign of the st	tation broadca	isting the substitute program	m			
				e community to which the		nsed by the F	CC or, in	
	the case of Mexican or Can							
			when your sys	tem carried the substitute p	orogram. Use	numerals, wit	h the mon	th
	first. Example: for May 7 giv					1 :	1 - 1	
	to the nearest five minutes.			gram was carried by your o				У
	stated as "6:00–6:30 p.m."	Litample. a	program carrie		5 p.m. to 0.20	5.50 p.m. sno		
		er "R" if the I	listed program	was substituted for progra	mming that ye	our system wa	as require	d
	to delete under FCC rules a							am
	was substituted for program		our system wa	s permitted to delete under	FCC rules a	nd regulations	s in	
	effect on October 19, 1976.							
					W/HE		ITE	
		UBSTITUT	E PROGRAM	1		N SUBSTITU		7. REASON FOR
			E PROGRAM	1	CARRI	AGE OCCUF	RRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM		3. STATION'S		CARRI 5. MONTH		RRED	
		2. LIVE?		4. STATION'S LOCATION	CARRI	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	
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		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	
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		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	
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		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	
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		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCUF 6. TIM	RRED ES	

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	S	YSTEM ID# 34163
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission servic s amount, see	e , 877.00
Copyright	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 • 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.	\$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 you must pay for accounting period is \$52.00	this six-month	
	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)	
	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	7,600)	
	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)	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 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 Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	SYSTEM ID 34163
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. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	13 275
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name EMERSON YEARWOOD Telephone 60	02-364-3195
	Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number) PHOENIX, AZ 85012-2626 (City, town, state, zip)	
	Email emerson.yearwood@cableone.biz Fax (optional) 602-364-6013	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent 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 (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 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) 	em as identified
	Typed or printed name: RAYMOND STORCK Title: VICE PRESIDENT (Title of official position held in corporation or partnership) Date: 2/28/2019	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of lay

	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
SLE ONE, INC.	341
 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? NO 	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
X	
Line 2. Multiply line 1 by the interest rate* and option the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x days Line 3 Multiply line 2 by the number of days late 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	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	
x	
x	
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 - - x 0.00274 - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - <td></td>	
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 - - x 0.00274 - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - <td></td>	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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