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							
08/27/2019	\$ 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

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20191 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		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)
		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 unless these s 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:
	<u> </u>	CABLE ONE MAILING ADDRESS OF CABLE SYSTEM:
		2229 BROADWAY
	2	(Number, street, rural route, apartment, or suite number)
		PARSONS, KS 67357 (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 sufficiency of the fling, a determination that would be made by a court of law.

	T	FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI
	CABLE ONE, INC.	104
	Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorpo	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th	
	as the "first community." Please use it as the first community on all future fi	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	nobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	CHANUTE	KS
Community		
d Rows as Necessary		

Accounting Period: 2019/1 FORM SA1-2F PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 10477

## E

CABLE ONE, INC.

Secondary **Transmission** Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE			
Residential:								
<ul> <li>Service to first set</li> </ul>	958	40.00	DORMITORY	152	8.00			
<ul> <li>Service to additional set(s)</li> </ul>								
<ul> <li>FM radio (if separate rate)</li> </ul>								
Motel, hotel	2	10.50						
Commercial	222	8.00-15.00						
Converter								
Residential								
Non-residential								

# 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							
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE			
Continuing Services:		Installation: Non-residential						
<ul> <li>Pay cable</li> </ul>	17.00	Motel, hotel	COST	EXPANDED BASIC	40.00			
<ul> <li>Pay cable—add'l channel</li> </ul>	9.00	Commercial	COST	DIGITAL ACCESS	5.00			
<ul> <li>Fire protection</li> </ul>		Pay cable	COST					
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel						
Installation: Residential		Fire protection						
<ul> <li>First set</li> </ul>	90.00	Burglar protection						
<ul> <li>Additional set(s)</li> </ul>	60.00	Other services:						
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	90.00					
<ul> <li>Converter</li> </ul>		Disconnect						
		Outlet relocation	60.00					
		Move to new address	30.00					

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 10477

CABLE ONE, INC.

PRIMARY TRANSMITTERS: TELEVISION

G

Primary
Transmitters:
Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the pager SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **KFJX** 13 PITTSBURG, KS/JOPLIN, MO **KJRH** 56 Ν TULSA, OK **KOAM** 7 Ν PITTSBURG, KS **KODE** 43 Ν JOPLIN, MO 46 Ν **KSNF** JOPLIN, MO **KTWU** 11 Ε TOPEKA, KS

Add Rows as Necessary

FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC.

10477

#### 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).

	T	1	T	T =	I	T - :-	T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KANU	FM	X					
KBEQ	FM	X					
KCFX	FM	Х					
KCMO	FM	Х					
KCMW	FM	X					
KCMW KCUR	FM	X					
KIKS	FM	Х					
KINZ	FM	Х					
KKOY	FM	Х					
KKOY KMAJ	FM	Х					
KXTR	FM	Χ					
KYYS	FM	X					
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Accounting Perio	d: 2019/1						FOR	M SA1-2E. PAGE 5.						
	LEGAL NAME OF OWNER OF	CABLE SYS	ТЕМ:					SYSTEM ID#						
Name	CABLE ONE, INC.		10477											
ı	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant 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 programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.													
Substitute	Carriage: Special tatement and  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program													
_														
Statement and														
Program Log	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 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 "577."  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 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.													
					WHEN SUBSTITUTE									
	S	UBSTITUT	E PROGRAM	1	CARR	IAGE OCCURRED		7. REASON FOR						
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —		DELETION						
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counting Period:	2019/1			FORM	SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.				SYSTEM ID 1047					
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the for all amounts (gross receipts) paid to your cable system by subscrit (as identified in space E) during the accounting period. For a furth page (vii) of the general instructions located in the paper SA1-2 for Gross receipts from subscribers for secondary transmissions during the accounting period.  IMPORTANT: You must complete a statement in space P concer	bers for the systemer explanation of orm. service(s)	em's secondary tra f how to compute	ansmission servithis amount, se	/ice					
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 \$137,10  Use block 2 if the amount of gross receipts in space K is more the  Use block 3 if the amount of gross receipts in space K is more the  See page (vi) of the general instructions located in the paper SA1-2 for	an \$137,100 but I an \$263,800 but I	ess than \$527,60							
	BLOCK 1: GROSS RECEIPT	TS OF \$137,100	OR LESS							
	Instructions: As a cable system with gross receipts of \$137,100 or les accounting period is \$52.00	ss, the royalty fee	that you must pay	for this six-mont	h					
	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 PER	RIOD Add lines 1	and 2							
	BLOCK 2: GROSS RECEIPTS OF \$263,8	300 OR LESS (b	ut more than \$13	37,100)						
	Base amount under statutory formula	<u>\$</u>	263,800.0	0						
	Enter amount of gross receipts from space K	<u>\$</u>	235,364.0	0						
	3. Subtract line 2 from line 1	<u>\$</u>	28,436.0	0						
	4. Enter the amount of gross receipts from space K		<u>\$</u>	235,364.00	_					
	5. Enter the amount from line 3		\$	28,436.00	_					
	6. Subtract line 5 from line 4		\$	206,928.00	_					
	7. Multiply line 6 by .005 (enter figure here)			. \$	1,034.64					
	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	3	··· <u></u> \$	1,034.64					
	BLOCK 3: GROSS RECEIPTS OF MORE	THAN \$263,800	(but less than \$5	527,600)						
	Enter the amount of gross receipts from space K									
	Base amount under statutory formula	\$	263,800.0	00						
	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)			1,319.00	_					
	6. Interest charge. Enter the amount from line 4, space Q, page 8				<del>_</del>					
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6									
	FILING FEE AND TOTAL REMIT	I ANCE DUE								
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, in the state of the state	above)	\$	1,034.64						
otal Remittance Due	Filing Fee (See the instructions for more information on filing fee c.			20.00	_					
	3 \		· · · · · · · · · · · · · · · · · · ·		- 					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines	2 and 3		\$	1,054.64					
	Important: Your remittance must be in the form of an elec	ctronic payment	payable to the Re	gister of Copy	rights!					
	See page i of the general instructions in the									

Accounting Period:	2019/1										FC	ORM SA1-2E. PAGE 7
Name	CABLE ONE, INC.	CABLE SYSTEM:										SYSTEM ID# 10477
M Channels	CHANNELS Instructions: You must gi to its subscribers, and (2):  1. Enter the total number of system carried television  2. Enter the total number of on which the cable system and nonbroadcast services.	he cable system's to f channels on which broadcast stations. f activated channels m carried television b	the cable	nber ble	of activated chann	els during the a	accounti	ng period.			6 234	
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			ORM	MATION IS NEEDE	<b>D</b> (Identify an ir	ndividua	al to whom				
for Further Information	Name <b>EMER</b>	SON YEARWOO	OD						Telephone	602-364	-6195	
		EARLL DRIVE	nent, or sui	suite n	number)							
		NIX, AZ 85012-	2626									
	Email						Fax	(optional)				
	CERTIFICATION (This state	ement of account mu	st be cer	ertifie	ed and signed in a	ccordance with	Copyrig	ght Office re	egulations)			
O Certification	• I, the undersigned, hereby	certify that (Check on	e, but only	nly oi	one, of the boxes.)							
		an corporation or pa				e cable system a	as identit	fied in line 1	I of space B	; or		
	(Agent of owner	other than corporati	ion or pa	partn	nership) I am the du	ly authorized ag	gent of th	ne owner of	the cable sy	vstem as ide	ntified	
		ace B and that the owner) I am an officer (if					he legal	entity identi	ified as own	er of the cab	ole system	
	in line 1 of sp	ace B.										
	I have examined the stater are true, complete, and corr [18 U.S.C., Section 1001(19)]	ect to the best of my k							ned nerein			
			X	/:	/s/ Raymond St	orck						
					ectronic signature on ture using an "/s/ sig				ent.			
		Typed or printed	name:	F	RAYMOND ST	ORCK						
					RESIDENT held in corporation or p	artnership)						
		Date:					Au	gust 28, 20	)19			

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 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

ccounting Period: 2019/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ABLE ONE, INC.	10477
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name	
Mailing Address Mailing Address	
	AIIII
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
	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	— Interest Assessment
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on <a href="https://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number	
First community served	
Accounting period	

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 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 Office'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.