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

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 08/27/2019 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		20191 Barcode Data Filing Period (optional - see instructions)	
T ONOG			_
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.	
		1	
		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 85225 (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:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	2229 Broadway (Number, street, rural route, apartment, or suite number)	
		Parsons, KS 67357 (City, town, state, zip code)	
l			

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Name		SYSTEM ID# 10491
	CABLE ONE, INC. Instructions: List each separate community served by the cable system. A "com	
D	"a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filing	you list will serve as a form of system identification hereafter known
	Note: Entities and properties such as hotels, apartments, condominiums, or mo	
Area Served	identified city.	
	CITY OR TOWN	STATE
First	INDEPENDENCE	KS
Community	MONTGOMERY COUNTY	KS
	NEODESHA	KS
dd Rows as Necessary		

Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						515	TEM II 1048
	CABLE ONE, INC.								1040
F	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period	(June 30 or De	ecembe	er 31, as the ca	se may be).		-	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the ne								
	separately for the particular serv	ice at the rate in	ndicate	d-not the num	ber of set	s receiving servi	ce).	Ū.	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				ny stanuai		s within a p		
	Block 1: In the left-hand block	in space E, the	e form li	ists the categor					
	systems most commonly provide that applies to your system. Note	to their subscr	ibers. (Give the numbe	r of subsc	ribers and rate f	or each lis	ted category	
	categories, that person or entity								
	subscriber who pays extra for ca	ble service to a	ddition	al sets would b	e included				
	first set" and would be counted or Block 2: If your cable system I					service that are	different fr	rom those	
	printed in block 1 (for example, the								
	with the number of subscribers a								
	sufficient.	DCK 1			1		BLOC	()	
		NO. OF					BLUUR	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RA
	Residential:		0.40	40.00					
	Service to first set Service to additional act/a)	1	1,240	40.00					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel		3	8.50					
	Commercial		274	8.00-15.00					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		Nemie		2				
-	In General: Space F calls for rat	-				l your cable syst	em's serv	ices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services		,		0				
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the					-	Patad	-	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
	listed in block 1 and for which a								
	brief (two- or three-word) descrip	tion and includ	e the ra	ate for each.					
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res	idential	COST			
	 Pay cable Pay cable—add'l channel 	17.00 9.00		tel, hotel mmercial		COST COST	TIER		80.
	Fire protection	5.00		y cable		COST			
	•Burglar protection		-	y cable-add'l ch	annel				
	Installation: Residential			e protection					
	First set	90.00	• Bui	rglar protection					
	 Additional set(s) 	60.00	Other	services:					
	• FM radio (if separate rate)			connect		60.00			
	Converter			connect					
			- 0	Had walks address		60.00			
				tlet relocation		60.00 30.00			

	2019/1			FORM SA1-2E. PAGE
ame		CABLE SYSTEM:		SYSTEM ID 1048
	CABLE ONE, INC.			1040
G mary mitters: vision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part- he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep pr "E-M" (for noncommercial educati uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a 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
	KDOR	17		BARTLESVILLE, OK
	KFJX	13		PITTSBURG, KS/JOPLIN, MO
ecessary	KJRH	8	N	TULSA, OK
	KMYT	42	II	TULSA, OK
	KOAM	7	Ν	PITTSBURG, KS
	KOKI	22	I	TULSA, OK
	ΚΟΤΥ	26	Ν	TULSA, OK
	KQCW	20	I	MUSKOGEE, OK
			I N	MUSKOGEE, OK
	KTUL	10	I	TULSA, OK
			I N E	
	KTUL	10		TULSA, OK
	KTUL	10		TULSA, OK
	KTUL	10		TULSA, OK
	KTUL	10		TULSA, OK
	KTUL	10		TULSA, OK
	KTUL	10		TULSA, OK
	KTUL	10		TULSA, OK
	KTUL	10		TULSA, OK
	KTUL	10		TULSA, OK
	KTUL	10		TULSA, OK
	KTUL	10		TULSA, OK

LEGAL NAME O	Period: 2019/ F OWNER OF C		/STEM:				FORM	I SA1-2E. PAGE 4 SYSTEM ID#
CABLE ONE	E, INC.							10481
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					Н
receivable if (1) on the basis of) it is carried by monitoring, to ormation abou	/ the sys	I-Band FM Carriage: Under C stem whenever it is received at wed at the headend, with the s opyright Office regulations on t	the system's he system's FM ante	eadend, and (2 enna, during c	2) it can certain st	be expected, ated intervals.	Primary Transmitters: Radio
Column 1: I Column 2: S Column 3: I signal, indicate	dentify the call State whether t f the radio stati this by placing	he static ion's sig a checl	each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.					
			on (the community to which th the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KBEZ	FM		TULSA, OK					
KIND	FM		INDEPENDENCE, KS					
KIOL	FM		IOLA, KS					
KKOW	FM		PITTSBURG, KS					
KKOY	FM		CHANUTE, KS					
KLKC	FM		PARSONS, KS					
KMOD	FM		TULSA, OK					
KOLL	FM		OWASSO, OK					
<rav< td=""><td>FM</td><td></td><td>TULSA, OK</td><td></td><td></td><td></td><td></td><td></td></rav<>	FM		TULSA, OK					
KRPS	FM		PITTSBURG, KS					
KTFX	FM		TULSA, OK					
KUSN	FM		COFFEYVILLE, KS					
KWEN	FM		TULSA, OK					
KWGS	FM		TULSA, OK					
KYFM	FM		BARTLESVILLE, OK					
	+							
	+							

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CABLE ONE, INC.							10481
	SUBSTITUTE CARRIAGE							
I I			-		-			
•	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				general mea			2 101111.
Special						hunder to be done		
Statement and	During the accounting period	•	r cable system	carry, on a substitute basi	s, any nonne		ion program	
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	Yes," γou mu	ist complete	the program	n
	log in block 2.	,	1 0			•	1 0	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible. if their	meaning is	
	clear. If you need more spa					,	J -	
	Column 1: Give the title	of every no	nnetwork televi	ision program ("substitute	program") tha	t, during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, re							1.
	Do not use general categori "NBA Basketball: 76ers vs.		vies or baske	tball." List specific program	i titles, for exa	ample, "I Lov	e Lucy or	
			dcast live enter	r "Yes." Otherwise enter "N	lo "			
				sting the substitute progra				
				ne community to which the			FCC or, in	
	the case of Mexican or Can							
			when your sys	tem carried the substitute	orogram. Use	numerals, v	ith the mor	ith
	first. Example: for May 7 giv		substituto pro	aram was carried by your (cable system	List the time		N .
	to the nearest five minutes.			gram was carried by your of ed by a system from 6:01:2				у
	stated as "6:00–6:30 p.m."		i program oann		10 p.m. to 0.2	0.00 p.m. on		
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	vas require	d
	to delete under FCC rules a							am
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTI	IITE	
	s	UBSTITUT	E PROGRAM	1		AGE OCCL		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO	
						-	_	
							-	
						-	_	
							_	
						-	-	
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Accounting Period:	2019/1			FORM S	6.8A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.			9	8YSTEM ID# 10481
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file 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 explana 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	system's stion of how	secondary trans to compute this	mission servi s amount, sec \$ 31	of
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 \$137,10 • Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions located in the paper SA1-2 form for more	0 but less t	han \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00 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 li	nes 1 and 2	2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore 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				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	7,600)	
	1. Enter the amount of gross receipts from space K	\$	313,229.00		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	49,429.00		
	4. Multiply line 3 by .01		\$	494.29	
	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	1, 5, and 6 .		\$	1,813.29
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,813.29	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,833.29
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2019/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF CABLE ONE,	OWNER OF CABLE SYSTEM: INC.				SYSTEM ID# 10481
M Channels	to its subscriber1. Enter the tota system carrier2. Enter the tota on which the of	You must give (1) the number of rs, and (2) the cable system's al number of channels on whic d television broadcast stations al number of activated channel cable system carried television lcast services	total number of activa h the cable Is ı broadcast stations	ated channels during the a	accounting period.	10 236
N Individual to Be Contacted		O BE CONTACTED IF FURTH about this statement of accou		IS NEEDED (Identify an i	ndividual to whom	
for Further Information	Name	EMERSON YEARWO			Telephone	602-364-6195
	Address	210 E. EARLL DRIVE (Number, street, rural route, apar PHOENIX, AZ 85012 (City, town, state, zip)	tment, or suite number)			
	Email	emerson.yearw	vood@cableone.biz	2	Fax (optional) 602-364-601	13
O Certification	I, the undersign (Own (Agen	I (This statement of account m ned, hereby certify that (Check o her other than corporation or p nt of owner other than corpora n line 1 of space B and that the o	ne, <i>but only one</i> , of th partnership) I am the ation or partnership)	e boxes.) owner of the cable system I am the duly authorized ag	as identified in line 1 of space B	
	X (Offi ir • I have examine	cer or partner) I am an officer (n line 1 of space B. ed the statement of account and ste, and correct to the best of my	if a corporation) or a p hereby declare under	penalty of law that all state	ments of fact contained herein	er of the cable system
			Enter an electronic s	rmond Storck ignature on the line above t g an "/s/ signature" (e.g., /s		
		Typed or printed		OND STORCK		
		Title: (Title of (VICE PRESIDI			
		Date:			August 28, 2019	

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	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
BLE ONE, INC.	1048
 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 Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. 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 Assessmen
x	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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