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	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		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		EUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	221 S. SHARPE AVENUE (Number, street, rural route, apartment, or suite number)						
		CLEVELAND, MS 38732 (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.

ccounting Period:	2019/1	FORM SA1-2E. PAGE 1b
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CABLE ONE, INC.	10841
	Instructions: List each separate community served by the cable system. A	
D	"a separate and distinct community or municipal entity (including unincor	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community	
	as the "first community." Please use it as the first community on all future	
Area	Note: Entities and properties such as hotels, apartments, condominiums,	
Served	identified city.	
	CITY OR TOWN	STATE
First	CLEVELAND	MS
Community	BOLIVAR COUNTY	MS
	BOYLE	MS
dd Rows as Necessary	DREW	MS
	MERIGOLD	MS
	MOUND BAYOU	MS
	PACE	MS
	RENOVA	MS
	RULEVILLE	MS
	SHAW	MS
	SHELBY	MS
	SUNFLOWER COUNTY	MS

Accounting Period: 2019/1 FORM SA1-2F PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 10841

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

CABLE ONE, INC.

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

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

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

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

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

BLG	OCK 1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF E SUBSCRIBERS	RATE	
Residential:						
Service to first set	1,288	40.00	BULK UNIT	165.00	149.11-	
Service to additional set(s)					2312.67	
FM radio (if separate rate)						
Motel, hotel	9	45.00-360.00				
Commercial						
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			
• Pay cable	3.00-44.00	Motel, hotel	COST PLUS	TIER	40.00
 Pay cable—add'l channel 		Commercial	COST PLUS	DELUXE	44.00
Fire protection		Pay cable		DIGITAL VALUE PAK	15.00
Burglar protection		 Pay cable-add'l channel 		SHOWTIME	18.00
Installation: Residential		Fire protection		НВО	18.00
First set	\$36.00	Burglar protection		STARZ	18.00
 Additional set(s) 		Other services:		MAX	18.00
FM radio (if separate rate)		Reconnect	90.00	ESPANOL	5.00
Converter		Disconnect			
		Outlet relocation	60.00		
		 Move to new address 	30.00		

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

10841

Name 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 paper SA1-2 form.

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WABG-DT1	32	N-M	GREENWOOD, MS
WABG-DT2	32	I-M	GREENWOOD, MS
WHCQ-LP	8	l	CLEVELAND, MS
WMAO	25	E	GREENWOOD, MS
WMC	5	N	MEMPHIS. TN
WNBD-LD	2	N	GRENADA, MS
WXVT	15	N	GREENVILLE, MS
	<mark></mark>		

Accounting Period: 2019/1		
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

10841

FORM SA1-2E. PAGE 4.

CABLE ONE, INC.

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							
	 						
	i		1	1			

Accounting Perio	nd: 2019/1							F	ORM SA1-2E. PAGE 5.
Accounting Ferro	LEGAL NAME OF OWNER OF	CABLE SYST	ΓΕΜ·					10	SYSTEM ID#
Name	CABLE ONE, INC.	ONDEE OF O							10841
Substitute	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor	nnetwork televis	sion program, broadcast ecific present and former	by a <i>distant</i> FCC rules, re	gula	tions, or a	uthorization	ns. For a further
Carriage:					the general i	i i oti u	Oliono III u	ic paper or	(1 Z IOIIII.
Special	1. SPECIAL STATEMEN								
Statement and	 During the accounting per 	riod, did you	r cable system	carry, on a substitute b	asıs, any noı	nnetv	vork televi	sion progr	
Program Log	broadcast by a distant sta	tion?						YES	X NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer	is "Yes," you	mus	st complet	e the prog	ram
	log in block 2. 2. LOG OF SUBSTITUTI	E DDOGDA	MS						
	In General: List each subsiclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program	titute progra ice, please a of every nor distant stati gulations, o ries like "mo" Bulls."	m on a separa add additional i nnetwork telev ion and that yo r authorization vies" or "baske	rows to the tables. ision program ("substitu ur cable system substitu s. See page (v) of the gutball." List specific programment.	te program") uted for the p eneral instru ram titles, for	that, rogra	, during th amming o s for furthe	e accounti f another s er informat	ng tation ion.
	Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	sign of the sadcast stationadian station th and day we "5/7." es when the Example: a er "R" if the and regulation	station broadca on's location (the ons, if any, the when your sys substitute pro program carri- listed program ons in effect du	esting the substitute progree community to which to community with which the tem carried the substitute gram was carried by your dealing a system from 6:00 was substituted for progring the accounting perion.	gram. he station is interestation is interestation is interestation. It is program. It is program. It is programming the isod; enter the	denti Jse r em. I 6:28 at yo	ified). List the tin :30 p.m. s ur system er "P" if the	with the mes accurated by was required by the listed pro	nonth itely
	was substituted for program effect on October 19, 1976.	v	WHEN SUBSTITUTE						
	S	UBSTITUT	E PROGRAM	1	CA	CARRIAGE OCCURRED			7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S	4 0747101101 004710	5. MON			TIMES	
		Yes or No	CALL SIGN	4. STATION'S LOCATIO	AND D	AY	FROM	<u>— то</u>	
								_	
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Accounting Period:	2019/1		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.		SYSTEM II 1084
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the syster (as identified in space E) during the accounting period. For a further explanation of 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 receipt	m's secondary transm how to compute this	ission service
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 le • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le See page (vi) of the general instructions located in the paper SA1-2 form for more inforr	ess than \$527,600	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 to accounting period is \$52.00	hat you must pay for th	is six-montl
	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 lines 1 a	and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (b	out more than \$137,1	00)
	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	· · · · · · <u> </u>	
	5. Enter the amount from line 3	· · · · · · <u> </u>	
	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	,600)
	Enter the amount of gross receipts from space K	306,526.00	
	2. Base amount under statutory formula	263,800.00	
	3. Subtract line 2 from line 1	42,726.00	
	4. Multiply line 3 by .01	\$	427.26
	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, an	d 6	\$ 1,746.26
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	1,746.26
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$ 1,766.26
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 for		

Accounting Period:	2019/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE ONE, INC.	CABLE SYSTEM:				SYSTEM ID# 10841
M Channels	to its subscribers, and (2) the subscribers, and (2) the subscribers, and (2) the system carried television 2. Enter the total number of on which the cable system.	channels on which the tropodicast stations activated channels of activated television broads	al numbe		ne accounting period.	7 262
N Individual to Be Contacted for Further	we can contact about this s)	RMATION IS NEEDED (Identify a		ne 602-364-6195
Information	Address 210 E. (Number, s	EARLL DRIVE reet, rural route, apartme	ent, or suite	e number)	Telepho	
	(City, town,			leone.biz	Fax (optional) 602-364-	6013
O Certification	Owner other tha (Agent of owner in line 1 of spanning in line 1	certify that (Check one, on corporation or part other than corporation on the certification of the certification o	tnership) on or partner is not a corporation	ified and signed in accordance we none, of the boxes.) I am the owner of the cable system of the cable sy	m as identified in line 1 of space agent of the owner of the cable of the legal entity identified as catements of fact contained here	e B; or e system as identified owner of the cable system
			inter an e	/s/Raymond Storck electronic signature on the line above ature using an "/s/ signature" (e.g.,		_
		(Title of offic	VICE P	RAYMOND STORCK PRESIDENT In held in corporation or partnership)		
		Date:			August 28, 2019	

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unting Period: 2019/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
BLE ONE, INC.	10841
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?	
□ NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . 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	

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