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.

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting	20192 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 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	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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	IDENTIFICATION OF CABLE SYSTEM:
	1 SPARKLIGHT
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	PARSONS, KS 67357 (City, town, state, zip code)

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

2-28-20

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.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II						
Name	CABLE ONE, INC.	1047						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC r "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sir discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter k as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the							
Area Served	identified city.							
	CITY OR TOWN	STATE						
First	CHANUTE	KS						
Community								
dd Rows as Necessary								

								FORM SA1-	-2E. PAG
Name		ABLE SYSTEM	:					515	104 [°]
	CABLE ONE, INC.								104
-	SECONDARY TRANSMISSION	I SERVICE: SI	UBSCR	IBERS AND R	ATES				
E	In General: The information in s	•		-		•			
Secondary	system, that is, the retransmissi about other services (including a					•			
Transmission	last day of the accounting period	• •	•				LIIUSE EXIS		
Service: Sub-	Number of Subscribers: Bot						ble systen	n, broken	
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n separately for the particular serv		•	•••		•	-	s charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	-						-	
	category, but do not include disc								
	Block 1: In the left-hand block			•		•			
	systems most commonly provid that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					d in the count u	nder "Serv	ice to the	
	first set" and would be counted of	•			• • •	a a muia a that a m		from the ope	
	Block 2: If your cable system printed in block 1 (for example, 1)	-							
	with the number of subscribers a					•	,		
	sufficient.	,,	.						
	BLC		-				BLOCK 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RA
-	Residential:								
	 Service to first set 		777	40.00	DORMI	TORY		152	8
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel		2	10.50					
	Commercial		222	8.00-15.00					
	Converter								
	• Residential								
	 Non-residential 								
	SERVICES OTHER THAN SEC				s				
-	In General: Space F calls for ra					all your cable sy	stem's ser	vices that were	
F	not covered in space E, that is,					•			
Osmissa	service for a single fee. There a		-		-			,	
Services Other Than	furnished at cost or (2) services amount of the charge and the u								
Secondary	enter only the letters "PP" in the		s usuali	y billed. If ally i		harged on a var		Jogram basis,	
ransmissions:	Block 1: Give the standard ra			•		••			
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a brief (two- or three-word) descri	•	-		lished. Lisi	these other sei	vices in th	e form of a	
		BLO				DATE		BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res		RATE	CATEGO	DRY OF SERVICE	RA
	Pay cable	17.00		otel, hotel	astrudi	COST	ΕΧΡΔΝ	DED BASIC	40
	• Pay cable—add'l channel	9.00		mmercial		COST		L ACCESS	40. 5.
	• Fire protection	3.00		y cable		COST	2.5174		0.
	•Burglar protection			y cable-add'l cl	nannel	0001			
	Installation: Residential		-	e protection					
	• First set	90.00		rglar protection					
	Additional set(s)	60.00	-	services:					
	• FM radio (if separate rate)			connect		90.00			
	Converter		4	sconnect		00.00			
			4						
			• 🕛	tlet relocation		60.00			
				tlet relocation	ess	60.00 30.00			

nting Period: 2								
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID# 10477				
	CABLE ONE, INC.							
G Primary ansmitters: elevision	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, <i>except</i> (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 <i>not</i> 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 <i>only</i> on a substitute basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> 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 multicast), "E" (for noncommercial educational, "I' (for independent), "I-M" (for independent multicast), "E" (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 with which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of th							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KEIX	13	1	PITTSBURG KS/IOPI IN MO				
	KFJX	13	<u> </u>	PITTSBURG, KS/JOPLIN, MO				
	KJRH	56	I N N	TULSA, OK				
ıs Necessary	KJRH KOAM	56 7	Ν	TULSA, OK PITTSBURG, KS				
s Necessary	KJRH KOAM KODE	56 7 43	N N	TULSA, OK PITTSBURG, KS JOPLIN, MO				
s Necessary	KJRH KOAM KODE KSNF	56 7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO				
s Necessary	KJRH KOAM KODE	56 7 43	N N	TULSA, OK PITTSBURG, KS JOPLIN, MO				
ıs Necessary	KJRH KOAM KODE KSNF	56 7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO				
is Necessary	KJRH KOAM KODE KSNF	56 7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO				
as Necessary	KJRH KOAM KODE KSNF	56 7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO				
as Necessary	KJRH KOAM KODE KSNF	56 7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO				
as Necessary	KJRH KOAM KODE KSNF	56 7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO				
as Necessary	KJRH KOAM KODE KSNF	56 7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO				
s as Necessary	KJRH KOAM KODE KSNF	56 7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO				
s as Necessary	KJRH KOAM KODE KSNF	56 7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO				
rs as Necessary	KJRH KOAM KODE KSNF	56 7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO				
ws as Necessary	KJRH KOAM KODE KSNF	56 7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO				
ws as Necessary	KJRH KOAM KODE KSNF	56 7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO				
vs as Necessary	KJRH KOAM KODE KSNF	56 7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO				
ws as Necessary	KJRH KOAM KODE KSNF	56 7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO				
ws as Necessary	KJRH KOAM KODE KSNF	56 7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO				
ows as Necessary	KJRH KOAM KODE KSNF	56 7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO				

	F OWNER OF E, INC.							SYSTEM I 104
	st every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of or detailed inf paper SA1-2 fo Column 1: I Column 2: S Column 3: I) it is carried b monitoring, to formation abou orm. dentify the call State whether t f the radio stat	y the sys be rece at the Co sign of o the static ion's sig	I-Band FM Carriage: Under C stem whenever it is received at ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	t the system's he system's FM ante his point, see pa	eadend, and (2 enna, during c ge (v) of the g	2) it can eertain st general i	be expected, ated intervals. nstructions in the.	Primary Transmitters Radio
Column 4: (Give the station	n's locati	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	
KANU	FM	х						
KANO KBEQ	FM FM	<u>^</u> X						
KCFX	FM	<u>^</u> X						
KCMO	FM	X						
KCMW	FM	X						
KCUR	FM	X						
KIKS	FM	X						
	FM	X						
KOY	FM	x						
KMAJ	FM	x						
KXTR	FM	X					·	
KYYS	FM	X						
						·		
						·		

Accounting Perio	od: 2019/2						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CABLE ONE, INC.							10477
	SUBSTITUTE CARRIAGE		AL STATEME		G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ify every no ccounting p	nnetwork televi eriod, under sp	<i>sion program,</i> broadcast by ecific present and former F	y a <i>distant</i> sta CC rules, regi	ulations, or author	orizations	s. For a further
Carriage:	1. SPECIAL STATEMENT	-			-	•		
Special	During the accounting per				sis any nonr	otwork tolovisi	on progr	am
Statement and		-	ul cable system	il carry, on a substitute be	isis, any nom			
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you r	nust complete t	the progr	am
	log in block 2.							
	2. LOG OF SUBSTITUTE		AMS					
	In General: List each subs clear. If you need more spa 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 Column 3: Give the call	titute progra ice, please of every no distant sta gulations, o ies like "mo Bulls." n was broa sign of the adcast stati	am on a separ add additional onnetwork tele- tion and that y- or authorization ovies" or "bask adcast live, enter station broadc on's location (f	rows to the tables. vision program ("substitute our cable system substitute ns. See page (v) of the ge tetball." List specific progra er "Yes." Otherwise enter tasting the substitute prog the community to which the	e program") ti ted for the pro neral instruct am titles, for e "No." ram. ne station is lie	hat, during the a ogramming of a ions for further example, "I Love censed by the F	accountir another st informati e Lucy" c	ng tation ion. or
	Column 5: Give the mor	nth and day		stem carried the substitute		,	ith the m	onth
	first. Example: for May 7 given the second							
				ogram was carried by you				tely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:07	1:15 p.m. to 6	:28:30 p.m. sno	ouid be	
		er "R" if the	e listed program	n was substituted for prog	ramming that	t vour system w	las requi	red
	to delete under FCC rules a							
	was substituted for program	0	your system w	as permitted to delete und	der FCC rules	and regulation	is in	-
	effect on October 19, 1976							
	S	JBSTITUT	E PROGRAM	1		N SUBSTITUT AGE OCCURF	RED	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. TIMES FROM —	S TO	DELETION
						_		
						_		
						_		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM I
	CABLE ONE, INC.				104
K Bross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	system's sea on of how to	condary transm compute this a	ission service amount, see	0.040.05
	during the accounting period			\$ 21 (Amount of gr	9,246.35 oss receipts)
L Copyright Royalty Fee	 COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 l Use block 3 if the amount of gross receipts in space K is more than \$263,800 l See page (vi) of the general instructions located in the paper SA1-2 form for more in 	but less tha	n \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that you	u must pay for th	nis six-month	
	Line 1. Royalty fee for accounting period				
					0.00
	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 lir	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,7	100)	
	1. Base amount under statutory formula	\$	263,800.00	-	
	2. Enter amount of gross receipts from space K	\$	219,246.35	-	
	3. Subtract line 2 from line 1	\$	44,553.65	-	
	4. Enter the amount of gross receipts from space K		\$	219,246.35	
	5. Enter the amount from line 3		\$	44,553.65	
	6. Subtract line 5 from line 4		\$	174,692.70	
	7. Multiply line 6 by .005 (enter figure here)			\$	873.46
	0. Interest shores. Enter the encount from line 4, encore 0, none 0				
	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		\$	0.00 873.46
		' and 8		\$	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	′ and 8 3,800 (but I	ess than \$527	\$ 7,600)	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	′ and 8 3,800 (but l	ess than \$527	\$ 7,600)	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	′ and 8 3,800 (but l	ess than \$527	\$ 7,600)	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263 1. Enter the amount of gross receipts from space K	′ and 8 3,800 (but I \$	ess than \$527 263,800.00	\$ 7,600)	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula 3. Subtract line 2 from line 1	' and 8 3,800 (but I \$	ess than \$527 263,800.00	\$ 7,600)	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263 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	⁷ and 8 3,800 (but I \$	ess than \$527 263,800.00	\$ 7,600)	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263 1. Enter the amount of gross receipts from space K	' and 8 3,800 (but I \$	ess than \$527 263,800.00 \$	\$ (,600) - - - - 1,319.00 0.00	
	 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263 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) 6. Interest charge. Enter the amount from line 4, space Q, page 8	' and 8 3,800 (but I \$ 	ess than \$527 263,800.00 \$	\$ (,600) - - - - 1,319.00 0.00	
	 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263 1. Enter the amount of gross receipts from space K	' and 8 3,800 (but I \$ 	ess than \$527 263,800.00 \$	\$ (,600) - - - - 1,319.00 0.00	
Filing Fee and Fotal Remittance	 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263 1. Enter the amount of gross receipts from space K	' and 8 3,800 (but I \$ \$ 	ess than \$527 263,800.00 \$	\$ (,600) - - - - 1,319.00 0.00	
-	 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263 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) 6. Interest charge. Enter the amount from line 4, space Q, page 8 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4 	' and 8 3,800 (but I \$ \$ 	ess than \$527 263,800.00 \$	\$ 	
Total Remittance	 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263 1. Enter the amount of gross receipts from space K	' and 8 3,800 (but I \$ \$ 	ess than \$527 263,800.00 \$ \$ \$	\$;600) - - - - - - - - - - - - - - - - - -	

Accounting Period:	2019/2			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C CABLE ONE, I	WNER OF CABLE SYSTEM: IC.		SYSTEM ID# 10477
M Channels	to its subscribers 1. Enter the total	u must give (1) the number of channels on which the cable system carried televis , and (2) the cable system's total number of activated channels during the accour number of channels on which the cable relevision broadcast stations	nting period.	6
	on which the ca	number of activated channels ble system carried television broadcast stations ast services		234
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individu	ual to whom	
for Further Information	Name	EMERSON YEARWOOD	Telephone 602-364-6	195
	Address 	210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number) PHOENIX, AZ 85012-2626 (City, town, state, zip) Fa	ax (optional)	
O Certification		This statement of account must be certified and signed in accordance with Copyr d, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	right Office regulations)	
	(Agent in l X (Offic in l • I have examined	of owner other than corporation or partnership) I am the owner of the cable system as ide of owner other than corporation or partnership) I am the duly authorized agent o ne 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the leg ne 1 of space B. the statement of account and hereby declare under penalty of law that all statements and correct to the best of my knowledge, information, and belief, and are made in g n 1001(1986)]	of the owner of the cable system as ident gal entity identified as owner of the cable s of fact contained herein	

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)
Typed or printed name: RAYMOND STORCK
Title: VICE PRESIDENT (Title of official position held in corporation or partnership)
Date:

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 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 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.

L NAME OF OWNER OF CABLE SYSTEM: SLE ONE, INC. 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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	SYSTEM ID 10477 Р
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 fol- lowing 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 sub-	
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing 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 sub-	Р
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	Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
x 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	
* 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	
ID number ID number First community served ID number Accounting period ID number	
	l

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.