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
	20192 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	<b>INSTRUCTIONS:</b> 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	1 IDENTIFICATION OF CABLE SYSTEM:
	SPARKLIGHT
	MAILING ADDRESS OF CABLE SYSTEM:
	2 235 S 6TH STREET (Number, street, rural route, apartment, or suite number)
	COTTONWOOD, AZ 86326
	(City, town, state, zip code)
Privacy Act Notic	e: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this

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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	CABLE ONE, INC.	105
	Instructions: List each separate community served by the cable system. A "community	
D	"a separate and distinct community or municipal entity (including unincorporated con	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	st will serve as a form of system identification hereafter kn
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the
Served	identified city.	
Gerveu		
	CITY OR TOWN	STATE
Fired	COTTONWOOD	AZ
First		
Community	CLARKDALE	AZ
	CORNVILLE	AZ
d Rows as Necessary	PAGE SPRINGS	AZ
	YAVAPAI APACHE	AZ
	YAVAPAI COUNTY	AZ

								FORM SA1-	-2E. PAG
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					313	105
	CABLE ONE, INC.								105
_	SECONDARY TRANSMISSION	SERVICE: SU	JBSCR	IBERS AND R	ATES				
E	In General: The information in s	space E should	cover	all categories of	of seconda	ry transmission	service of	the cable	
<b>a</b> .	system, that is, the retransmissi					•			
Secondary Transmission	about other services (including last day of the accounting period	. , .	-				those exis	sting on the	
Service: Sub-	Number of Subscribers: Bot						able syster	n, broken	
scribers and	down by categories of secondar	•					•		
Rates	each category by counting the n		-	•••		•	-	s charged	
	separately for the particular serventiation of the standard rate of the					-	,	rae and the	
	unit in which it is generally billed	•						•	
	category, but do not include disc	· ·		,	•			partioular rate	
	Block 1: In the left-hand block	•		•		•			
	systems most commonly provid							0,	
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca					•			
	first set" and would be counted of								
	Block 2: If your cable system	-		-					
	printed in block 1 (for example, with the number of subscribers					•			
	sufficient.		e ngnt-	Hanu Diock. A I		e-word descrip		Service is	
		DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	ATEGORY OF SERVICE SUBSCR			RA
	Residential:								
	<ul> <li>Service to first set</li> </ul>		1,064	40.00	BULK P	RES		345	12
	<ul> <li>Service to additional set(s)</li> </ul>		minnunun						
	• FM radio (if separate rate)								
	Motel, hotel		8	9.00					
	Commercial		53	40.00					
	Converter								
	Residential	,	1,064	2.75					
	<ul> <li>Non-residential</li> </ul>		61	1.00					
	SERVICES OTHER THAN SEC						atom'o cor	viene that were	
F	<b>In General:</b> Space F calls for ran not covered in space E, that is,				•				
-	service for a single fee. There a					•			
Services	furnished at cost or (2) services	or facilities fur	nished	to nonsubscrib	ers. Rate i	nformation sho	uld include	both the	
Other Than	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis,								
Secondary ransmissions:	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.								
Rates	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.								
		BLO	CK 1			_		BLOCK 2	-
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RA
	• Pay cable	18.00		ation: Non-res otel, hotel	acential	90.00	FYDAN	IDED BASIC	44
	• Pay cable—add'l channel	10.00		mmercial		90.00 90.00			-+-+
	Fire protection		_	y cable		50.00			
	•Burglar protection			y cable-add'l cl	nannel				
	Installation: Residential		· ·	e protection					
	First set	90.00		rglar protection	1				
	Additional set(s)	18.00		services:					
	• FM radio (if separate rate)	10.00		connect		30.00			
	• Converter			sconnect		00.00			
						20.00			
			• ( )) (	tlet relocation		.50,001			
				tlet relocation	ress	30.00 30.00			

	2019/2 FORM SA1-2E. PAGE LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID							
Name	CABLE ONE, INC.	CABLE SYSTEM:		1058				
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Insmitters: Ievision	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as	entify every television station (including m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c	t (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta	time basis under rams [sections ations carried on a				
	<ul> <li>basis under specific FCC rule</li> <li>Do not list the station here station was carried only on</li> <li>List the station here, and a basis. For further information</li> <li>Column 1: List each station</li> </ul>	les, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie 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	the Special Statement and Program ed both on a substitute basis and als , see page (v) of the general instruc- program services such as HBO, ES	n Log)—if the so on some other ctions. PN, etc. Identify each				
	of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canad	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), o erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station he community with which the station	a noncommercial bendent), "I-M" tional multicast). n is licensed by the n is identified.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KAET	8	E	PHOENIX, AZ				
	KAET KASW	8 49	E	PHOENIX, AZ PHOENIX, AZ				
ws as Necessary			E I I					
ws as Necessary	KASW	49	E I I I-M	PHOENIX, AZ				
ws as Necessary	KASW KAZT	49 7	 	PHOENIX, AZ PHOENIX, AZ				
ws as Necessary	KASW KAZT KAZT-2	49 7 7	 	PHOENIX, AZ PHOENIX, AZ PHOENIX. AZ				
ws as Necessary	KASW KAZT KAZT-2 KFPH	49 7 7 13	l l l-M l	PHOENIX, AZ PHOENIX, AZ PHOENIX. AZ FLAGSTAFF, AZ				
ws as Necessary	KASW KAZT KAZT-2 KFPH KNXV	49 7 7 13 15	l l l-M l	PHOENIX, AZ PHOENIX, AZ PHOENIX. AZ FLAGSTAFF, AZ PHOENIX, AZ				
ws as Necessary	KASW KAZT KAZT-2 KFPH KNXV KPAZ	49 7 7 13 15 20	l I I-M I N I	PHOENIX, AZ PHOENIX, AZ PHOENIX. AZ FLAGSTAFF, AZ PHOENIX, AZ PHOENIX, AZ				
ws as Necessary	KASW KAZT KAZT-2 KFPH KNXV KPAZ KPHO	49 7 7 13 15 20 17	I I I-M I N I I N	PHOENIX, AZ         PHOENIX, AZ         PHOENIX. AZ         FLAGSTAFF, AZ         PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ				
ws as Necessary	KASW KAZT KAZT-2 KFPH KNXV KPAZ KPHO KPNX	49 7 7 13 15 20 17 12	I I I-M I N I I N	PHOENIX, AZPHOENIX, AZPHOENIX. AZPHOENIX. AZFLAGSTAFF, AZPHOENIX, AZPHOENIX, AZPHOENIX, AZMESA, AZ				
ws as Necessary	KASW KAZT KAZT-2 KFPH KNXV KPAZ KPHO KPNX KSAZ	49 7 7 13 15 20 17 12 10	I I I-M I N I I N	PHOENIX, AZ         PHOENIX, AZ         PHOENIX. AZ         FLAGSTAFF, AZ         PHOENIX, AZ				
ws as Necessary	KASW KAZT KAZT-2 KFPH KNXV KPAZ KPHO KPNX KSAZ KTAZ	49 7 7 13 15 20 17 12 10 39	I I I-M I N I I N	PHOENIX, AZPHOENIX, AZPHOENIX. AZPHOENIX. AZFLAGSTAFF, AZPHOENIX, AZPHOENIX, AZPHOENIX, AZPHOENIX, AZPHOENIX, AZPHOENIX, AZPHOENIX, AZPHOENIX, AZPHOENIX, AZ				
ws as Necessary	KASW KAZT KAZT-2 KFPH KNXV KPAZ KPHO KPNX KSAZ KTAZ KTAZ	49 7 7 13 15 20 17 12 10 39 24	I I I-M I N I I N	PHOENIX, AZPHOENIX, AZPHOENIX. AZFLAGSTAFF, AZPHOENIX, AZPHOENIX, AZPHOENIX, AZPHOENIX, AZPHOENIX, AZPHOENIX, AZPHOENIX, AZPHOENIX, AZPHOENIX, AZ				
ws as Necessary	KASW KAZT KAZT-2 KFPH KNXV KPAZ KPHO KPNX KSAZ KTAZ KTVK KUTP	49 7 7 13 15 20 17 12 10 39 24 24 26	I I I-M I N I I N	PHOENIX, AZ         PHOENIX, AZ         PHOENIX. AZ         FLAGSTAFF, AZ         PHOENIX, AZ				
ws as Necessary	KASW KAZT KAZT-2 KFPH KNXV KPAZ KPAZ KPHO KPNX KSAZ KTAZ KTVK KUTP KPHO-2	49 7 7 13 15 20 17 12 10 39 24 24 26 17	I I I-M I N I I I I I I I	<ul> <li>PHOENIX, AZ</li> <li>PHOENIX, AZ</li> <li>PHOENIX. AZ</li> <li>FLAGSTAFF, AZ</li> <li>PHOENIX, AZ</li> </ul>				
ws as Necessary	KASW KAZT KAZT-2 KFPH KNXV KPAZ KPAZ KPHO KPNX KSAZ KTAZ KTVK KUTP KPHO-2 KTVK-2	49 7 7 13 15 20 17 12 10 39 24 24 26 17 24	I I I-M I I N I I I I I I I I I I I I I I I I	PHOENIX, AZPHOENIX, AZPHOENIX, AZPHOENIX, AZFLAGSTAFF, AZPHOENIX, AZPHOENIX, AZPHOENIX, AZMESA, AZPHOENIX, AZ				
ws as Necessary	KASW KAZT KAZT-2 KFPH KNXV KPAZ KPHO KPHO KPNX KSAZ KTAZ KTVK KUTP KPHO-2 KTVK-2 KTVK-3	49 7 7 13 15 20 17 12 10 39 24 24 26 17 24 26 17 24 24	I I I-M I I N I I I I I I I I I I I I I I I I	<ul> <li>PHOENIX, AZ</li> <li>PHOENIX, AZ</li> <li>PHOENIX, AZ</li> <li>FLAGSTAFF, AZ</li> <li>PHOENIX, AZ</li> </ul>				
ws as Necessary	KASW KAZT KAZT-2 KFPH KNXV KPAZ KPHO KPHO KPNX KSAZ KTAZ KTVK KUTP KPHO-2 KTVK-2 KTVK-3 KPNX-2	49 7 7 13 15 20 17 12 10 39 24 24 26 17 24 26 17 24 24 24 24 24 24 12	I I I-M I I N N I I I I I I I I I I I I I I I	<ul> <li>PHOENIX, AZ</li> <li>PHOENIX, AZ</li> <li>PHOENIX. AZ</li> <li>FLAGSTAFF, AZ</li> <li>PHOENIX, AZ</li> </ul>				
ws as Necessary	KASW KAZT KAZT-2 KFPH KNXV KPAZ KPHO KPHO KPHO KPNX KSAZ KTAZ KTVK KUTP KPHO-2 KTVK-2 KTVK-3 KPNX-2 KPNX-3	49 7 7 13 15 20 17 12 10 39 24 24 26 17 24 26 17 24 24 24 24 12	I I I-M I N I I N N I I I I I I I I I I I I I	<ul> <li>PHOENIX, AZ</li> <li>PHOENIX, AZ</li> <li>PHOENIX, AZ</li> <li>FLAGSTAFF, AZ</li> <li>PHOENIX, AZ</li> </ul>				
ws as Necessary	KASW KAZT KAZT-2 KFPH KNXV KPAZ KPAZ KPHO KPHO KPNX KSAZ KTAZ KTVK KUTP KPHO-2 KTVK-2 KTVK-3 KPNX-2 KPNX-3 KPNX-4	49         7         7         13         15         20         17         12         10         39         24         26         17         24         26         17         24         26         17         24         26         17         24         12	I I I-M I I N N I I I I I I I I I I I I I I I	<ul> <li>PHOENIX, AZ</li> <li>PHOENIX, AZ</li> <li>PHOENIX, AZ</li> <li>FLAGSTAFF, AZ</li> <li>PHOENIX, AZ</li> <li>MESA, AZ</li> <li>MESA, AZ</li> <li>MESA, AZ</li> <li>MESA, AZ</li> </ul>				

LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.						SYSTEM I 105		
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether t the radio station this by placing tive the station	y the sys be recei t the Cc sign of e he statio ion's sign g a checl n's locatio	I-Band FM Carriage: Under C stem whenever it is received a 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. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s ne station is licent	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0				0,0		
						·		
						·		
						·		
						·		
						·		
						·		

Accounting Peric	od: 2019/2					FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	CABLE ONE, INC.						10585
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G		
Substitute	In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> 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.						
Carriage:	1. SPECIAL STATEMEN	-			0		
Special	During the accounting per				sis any nonr	etwork television prov	aram
Statement and		-	ui cable syster	in carry, on a substitute be			-
Program Log	broadcast by a distant sta	tion?				YES	× 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 the pro	ogram
	log in block 2.						
	2. LOG OF SUBSTITUTE In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if their meanir	na is
	clear. If you need more spa						.9.0
		-		vision program ("substitute		-	•
	period, was broadcast by a		•	-		•	
	under certain FCC rules, re	•					
	Do not use general categor "NBA Basketball: 76ers vs.		ovies of bask	etball." List specific progra	am titles, for e	example, "I Love Lucy	Or
	Column 2: If the program	m was broa		er "Yes." Otherwise enter			
		-		asting the substitute prog the community to which th		censed by the FCC or	in
	the case of Mexican or Car		,			-	,
			•	stem carried the substitute			month
	first. Example: for May 7 give						
				ogram was carried by you	•		2
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program can	ned by a system from 6:0	1:15 p.m. to e		•
		er "R" if the	e listed program	n was substituted for prog	ramming that	t vour system was <i>reo</i>	uired
	to delete under FCC rules a						
	was substituted for program						0
	effect on October 19, 1976						
	WHEN SUBSTITUTE PROGRAM CARRIAGE OCCURRED					7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
					·		
						_	
						_	
						—	

LEGAL NAME OF OWNER OF CABLE SYSTEM:	-	SYSTEM ID
CABLE ONE, INC.		1058
all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans	mission service amount, see \$ 30	01,826.30
<ul> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ </li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> </ul>	\$263,800	
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	this six-month	
		0.00
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	. ,	
		0.00
BLOCK 5. GROSS RECEIPTS OF MORE THAIN \$203,800 (but less than \$52	,,000)	
1. Enter the amount of gross receipts from space K    \$ 301,826.30	<u>)</u>	
2. Base amount under statutory formula \$ 263,800.00	)	
3. Subtract line 2 from line 1	)	
4. Multiply line 3 by .01	380.26	
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, and 6	· . <b>\$</b>	1,699.26
FILING FEE AND TOTAL REMITTANCE DUE		
1. Rovalty Fee Pavable for Accounting Period (from Block 1, 2, or 3, above)	1.699.26	
ζ , , , , , , , , , , , , , , , , , , ,		
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	1,719.26
		hts!
	CABLE ONE, INC.         GROSS RECEIPTS Instructions: The figure you give in this space datermines the form you file and the amount you pay. E all amounts (gross receipts) pial to your cable system by subsoribers for the system's secondary trans (secondaries) from subscripts for subscripts for an under explanation of how to compute this page (wit) of the general instructions located in the pages SA1.2 form. Gross receipts from subscripts for subscripts for a subscripts.         COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you cove:       -         Complete book.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 \$137,100 or less.       -         Use block.3 if the amount of gross receipts in space K is \$137,100 or less.       -         Isock 1: GROSS RECEIPTS OF \$137,100 or less.       -         Isock 2: GROSS RECEIPTS OF \$137,100 or less.       -         Isock 1: GROSS RECEIPTS OF \$137,100 or less.       -         Isock 2: GROSS RECEIPTS OF \$137,100 or less.       -         Isock 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137         Isock 3: Gross receipts from space K.       _         Subtract line 2 from line 4.       _         1: Base amount ond gross receipts from space K.       _         2: Enter amount of gross receipts from space K.       _         3: Subtract line 5 from line 4.       _         2: Enter amount of gross receipts from s	CABLE ONE, INC.         GROSS RECEIPTS Instructions: The Bigure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (so it) of the general instructions for second ray for the system's secondary transmission service (so it) of the general instructions for second ray for the system's secondary transmission service (so it) of the general instructions for secondary proteins for secondary transmission service (so it) of the general instructions for secondary proteins service(s) during the accounting period.       § 300         COPYINGHT ROYALTY FEE       Secondary for a subscription secondary for the system is secondary transmission service (so complete block 2 if the amount of gross receipts in space K is \$137,100 or less.       Secondary for a subscription secondary for secondary for a secondary for the system's secondary transmission.         Secondary for the amount of gross receipts in space K is \$137,100 or less.       Internations: To secondary for information.         BLOCK 1: GROSS RECEIPTS OF \$137,100 or less.       Internations: To secondary for the six-month accounting period.         Line 2. Interest charge. Enter the amount from line 4, space 0, page 8.       Inter 2.         Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2.       Inter 3 and

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C CABLE ONE, II	DWNER OF CABLE SYSTEM: NC.	SYSTEM ID# 10585
M Channels	to its subscribers 1. Enter the total system carried	ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. number of channels on which the cable television broadcast stations	22
	on which the ca	able system carried television broadcast stations ast services	287
N Individual to		<b>BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom about this statement of account.)	
Be Contacted for Further Information	Name	EMERSON YEARWOOD       Telephone       6	602-364-6195
	Address 	210 E. EARLL DRIVE         (Number, street, rural route, apartment, or suite number)         PHOENIX, AZ 85012-2626         (City, town, state, zip)         emerson.yearwood@cableone.biz         Fax (optional) 602-364-6013	
O Certification	CERTIFICATION  • I, the undersigne  (Owne  (Agent in I  X (Offic in I  • I have examined	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) or other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syst ine 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 legal entity identified as owner ine 1 of space B. I the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith.	stem as identified

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: February 28, 2020

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:	FORM SA1-2E. PAGE
	SYSTEM I
BLE ONE, INC.	1058
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."	P Special Statement Concerning Gross Receipts Exclusior
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
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 Assessmer
	-
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	_
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 <b>\$</b> (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	
ID number	
First community served	

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.