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: Tel: (202) 707-8150 2-28-20 in the first tab of this workbook ALLOCATION NUMBER

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/2 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.	23032
		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 85012-2626	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		SPARKLIGHT	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	8400 WEST WESTPARK STREET (Number, street, rural route, apartment, or suite number)	
		BOISE, ID 83704	
	<u> </u>	(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 suffciency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM				
Name	CABLE ONE, INC.	230				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, 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 know					
Area	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 parenthe					
Served	identified city.					
First	CITY OR TOWN	STATE MO				
First Community	ADAIR COUNTY	MO				
,	LA PLATA	MO				
d Dowe of Nooscory						
d Rows as Necessary						

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1-	
Name	CABLE ONE, INC.								2303
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the n separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc	pace E should on of television bay cable) in sp (June 30 or E blocks in spa y transmission umber of billin- tice at the rate tharged for eac . (Example: "\$	l cover n and ra pace F, Decemb ace E ca service gs in th indicat ch cate 20/mth	all categories of adio broadcasts not here. All the per 31, as the c all for the numb e. In general, ye hat category (the ed—not the nu gory of service. "). Summarize a	of seconda s by your s he facts yo ase may b er of subs bu can cor e number of mber of se Include be any standa	ystem to subsc u state must be e). cribers to the ca npute the numb of persons or or ets receiving ser oth the amount	ribers. Give those exis able system er of subse ganization vice). of the char	e information sting on the n, broken cribers in s charged rge and the	
	Block 1: In the left-hand block systems most commonly provide 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, t with the number of subscribers a sufficient.	e to their subse e: Where an ir should be cou- ble service to once again und has rate categ iers of service	cribers. ndividua inted as additio der "Sei ories fo s that ii	Give the numbra al or organizations a subscriber in nal sets would rvice to addition or secondary tra nclude one or n	per of subs on is receiven n each app be include nal set(s)." ansmission nore secor	cribers and rate ving service that blicable categor d in the count u n service that ar ndary transmiss	e for each l t falls unde y. Example nder "Serv e different ions), list t	isted category er different e: a residential ice to the from those hem, together	
	BLC	DCK 1		1			BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate)		4,732 4,732	\$40.00	BULK	BILL - RESID	DENTIAL	245	20.0
	Motel, hotel Commercial Converter • Residential		8 448 7,283	11.00 \$29.00					
	Non-residential		7,200						
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rain not covered in space E, that is, it service for a single fee. There and furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descript	te (not subscri chose services re two exceptio or facilities fur nit in which it is rate column. te charged by t your cable sy separate charge	ber) inf that ar ons: you nished s usuall the cab estem fu ge was de the n	ormation with re e not offered in u do not need to to nonsubscrib y billed. If any re le system for e urnished or offer made or estab	espect to a combination o give rate ers. Rate in ates are c ach of the red during	ion with any sec information con information sho harged on a van applicable serv the accounting	condary tra ncerning (1 uld include riable per-p ices listed. period tha	nsmission) services both the program basis, t were not	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:		Install	ation: Non-res					
	 Pay cable Pay cable—add'l channel Fire protection 	17.00	• Co	otel, hotel ommercial y cable			EXPAN	IDED	40.
	•Burglar protection Installation: Residential • First set	90.00	• Fir	y cable-add'l cl e protection rglar protection					
	 Additional set(s) FM radio (if separate rate) Converter 		Other • Re • Dis	services: connect sconnect itlet relocation		\$90.00 60.00			
				ove to new add	ress	\$25.00			

ng Period:										
ame		CABLE SYSTEM:		SYSTEM ID: 23032						
	CABLE ONE, INC. 23032 PRIMARY TRANSMITTERS: TELEVISION									
G	In General: In space G, ide carried by your cable syster FCC rules and regulations in	General: In space G, identify every television station (including translator stations and low power television stations) arried 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 6.59(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								
evision	substitute program basis, as Substitute Basis Stations :	s explained in the next paragraph. : With respect to any distant stations ca								
	• Do not list the station here station was carried only on	ules, 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								
	basis. For further informatio Column 1: List each station	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	, see page (v) of the general instruct program services such as HBO, ESF	tions. PN, etc. Identify each						
	"WETA-2" as the same on t Column 2: Give the channer of license. For example, W	the form. el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C.	evision station for broadcasting over	the air in its community						
	Column 3: Indicate in each educational station, by ente (for independent multicast),	n case whether the station is a network ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), o	(for network multicast), "I" (for indep or "E-M" (for noncommercial educati	endent), "I-M"						
	Column 4: Give the location	(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.								
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION									
		49	F							
	КСРТ	18	E	KANSAS CITY, MO						
	KCPT KSHB	42	Ν	KANSAS CITY, MO						
lecessary	KCPT KSHB KTVO-dt1	42 33	N N	KANSAS CITY, MO KIRKSVILLE, MO						
cessary	KCPT KSHB KTVO-dt1 KTVO-DT2	42 33 33	Ν	KANSAS CITY, MO KIRKSVILLE, MO KIRKSVILLE, MO						
ecessary	KCPT KSHB KTVO-dt1 KTVO-DT2 KYOU-1	42 33 33 15	N N N-M I	KANSAS CITY, MO KIRKSVILLE, MO KIRKSVILLE, MO OTTUMWA, IA						
cessary	KCPT KSHB KTVO-dt1 KTVO-DT2 KYOU-1 KYOU-2	42 33 33 15 15	N N N-M I I-M	KANSAS CITY, MO KIRKSVILLE, MO KIRKSVILLE, MO OTTUMWA, IA OTTUMWA, IA						
s Necessary	KCPT KSHB KTVO-dt1 KTVO-DT2 KYOU-1	42 33 33 15	N N N-M I	KANSAS CITY, MO KIRKSVILLE, MO KIRKSVILLE, MO OTTUMWA, IA						
s Necessary	KCPT KSHB KTVO-dt1 KTVO-DT2 KYOU-1 KYOU-2	42 33 33 15 15	N N N-M I I-M	KANSAS CITY, MO KIRKSVILLE, MO KIRKSVILLE, MO OTTUMWA, IA OTTUMWA, IA						
35 Necessary	KCPT KSHB KTVO-dt1 KTVO-DT2 KYOU-1 KYOU-2	42 33 33 15 15	N N N-M I I-M	KANSAS CITY, MO KIRKSVILLE, MO KIRKSVILLE, MO OTTUMWA, IA OTTUMWA, IA						
s Necessary	KCPT KSHB KTVO-dt1 KTVO-DT2 KYOU-1 KYOU-2	42 33 33 15 15	N N N-M I I-M	KANSAS CITY, MO KIRKSVILLE, MO KIRKSVILLE, MO OTTUMWA, IA OTTUMWA, IA						
as Necessary	KCPT KSHB KTVO-dt1 KTVO-DT2 KYOU-1 KYOU-2	42 33 33 15 15	N N N-M I I-M	KANSAS CITY, MO KIRKSVILLE, MO KIRKSVILLE, MO OTTUMWA, IA OTTUMWA, IA						
35 Necessary	KCPT KSHB KTVO-dt1 KTVO-DT2 KYOU-1 KYOU-2	42 33 33 15 15	N N N-M I I-M	KANSAS CITY, MO KIRKSVILLE, MO KIRKSVILLE, MO OTTUMWA, IA OTTUMWA, IA						
s Necessary	KCPT KSHB KTVO-dt1 KTVO-DT2 KYOU-1 KYOU-2	42 33 33 15 15	N N N-M I I-M	KANSAS CITY, MO KIRKSVILLE, MO KIRKSVILLE, MO OTTUMWA, IA OTTUMWA, IA						
as Necessary	KCPT KSHB KTVO-dt1 KTVO-DT2 KYOU-1 KYOU-2	42 33 33 15 15	N N N-M I I-M	KANSAS CITY, MO KIRKSVILLE, MO KIRKSVILLE, MO OTTUMWA, IA OTTUMWA, IA						
as Necessary	KCPT KSHB KTVO-dt1 KTVO-DT2 KYOU-1 KYOU-2	42 33 33 15 15	N N N-M I I-M	KANSAS CITY, MO KIRKSVILLE, MO KIRKSVILLE, MO OTTUMWA, IA OTTUMWA, IA						
as Necessary	KCPT KSHB KTVO-dt1 KTVO-DT2 KYOU-1 KYOU-2	42 33 33 15 15	N N N-M I I-M	KANSAS CITY, MO KIRKSVILLE, MO KIRKSVILLE, MO OTTUMWA, IA OTTUMWA, IA						
as Necessary	KCPT KSHB KTVO-dt1 KTVO-DT2 KYOU-1 KYOU-2	42 33 33 15 15	N N N-M I I-M	KANSAS CITY, MO KIRKSVILLE, MO KIRKSVILLE, MO OTTUMWA, IA OTTUMWA, IA						
as Necessary	KCPT KSHB KTVO-dt1 KTVO-DT2 KYOU-1 KYOU-2	42 33 33 15 15	N N N-M I I-M	KANSAS CITY, MO KIRKSVILLE, MO KIRKSVILLE, MO OTTUMWA, IA OTTUMWA, IA						
as Necessary	KCPT KSHB KTVO-dt1 KTVO-DT2 KYOU-1 KYOU-2	42 33 33 15 15	N N N-M I I-M	KANSAS CITY, MO KIRKSVILLE, MO KIRKSVILLE, MO OTTUMWA, IA OTTUMWA, IA						
as Necessary	KCPT KSHB KTVO-dt1 KTVO-DT2 KYOU-1 KYOU-2	42 33 33 15 15	N N N-M I I-M	KANSAS CITY, MO KIRKSVILLE, MO KIRKSVILLE, MO OTTUMWA, IA OTTUMWA, IA						
as Necessary	KCPT KSHB KTVO-dt1 KTVO-DT2 KYOU-1 KYOU-2	42 33 33 15 15	N N N-M I I-M	KANSAS CITY, MO KIRKSVILLE, MO KIRKSVILLE, MO OTTUMWA, IA OTTUMWA, IA						
as Necessary	KCPT KSHB KTVO-dt1 KTVO-DT2 KYOU-1 KYOU-2	42 33 33 15 15	N N N-M I I-M	KANSAS CITY, MO KIRKSVILLE, MO KIRKSVILLE, MO OTTUMWA, IA OTTUMWA, IA						

EGAL NAME OF								SYSTEM I 230
	t 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 info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing give the station	y the sys be rece at the Co sign of o the static ion's sig g a chec n's locati	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 he 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 si general i eparate	be expected, tated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·	·	
						·		
						·		
						·	·	
						·		
						·		
						·		
						·		
						·		
	-					·		
						·		

Accounting Perio						FO	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	CABLE ONE, INC.						23032
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	G		
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a						vstem carried on a
	substitute basis during the a						
Substitute	explanation of the programm	ing that mu	st be included i	n this log, see page (v) of t	he general ins	tructions in the paper	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE			
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	asis, any nonr	network tel <u>evisi</u> on pro	ogr <u>am</u>
Program Log	broadcast by a distant sta	tion?				YES	NO
	Note: If your answer is "No	" leave the	rest of this na	ae blank. If your answer i	e "Vee " vou r		
	-	, leave the	rest or this pa	ge blank. If your answer i	s res, your	nusi complete the pr	ogram
	log in block 2. 2. LOG OF SUBSTITUTE		Me				
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if their mean	ina is
	clear. If you need more spa		•		oo.o. p		
				vision program ("substitut			
	period, was broadcast by a			2		0	
	under certain FCC rules, re Do not use general categor	•					
	"NBA Basketball: 76ers vs.			etball. List specific progr			y Ol
			dcast live, ente	er "Yes." Otherwise enter	"No."		
		-		asting the substitute prog			
	the case of Mexican or Car		,	he community to which th			r, in
				stem carried the substitut			e month
	first. Example: for May 7 giv		When your ey				
				ogram was carried by you			
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	6:28:30 p.m. should b	е
	stated as "6:00–6:30 p.m." Column 7: Enter the lett	er "R" if the	listed program	n was substituted for prog	ramming that	t vour system was <i>re</i>	auired
	to delete under FCC rules a						
	was substituted for program	nming that					C
	effect on October 19, 1976						
			E PROGRAM		5. MONTH	AGE OCCURRED 6. TIMES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
						_	
					·- 		
						_	
						_	
						_	
						—	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID
Name	CABLE ONE, INC.		2303
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tra (as identified in space E) during the accounting period. For a further explanation of how to compute t 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 receipts.	nsmission service his amount, see \$50	
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 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 		
	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 that you must pay faccounting period is \$52.00	or this six-month	
	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 and 2	·····	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$1	37,100)	
	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		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)	
	1. Enter the amount of gross receipts from space K	69	
	2. Base amount under statutory formula \$ 263,800.	00	
	3. Subtract line 2 from line 1 \$ 242,809.	 69	
	4. Multiply line 3 by .01	2,428.10	
	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	· · · · \$	3,747.10
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$	3,747.10	
Total Remittance 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	\$	3,767.10
	Important: Your remittance must be in the form of an electronic payment payable to the R See page i of the general instructions in the paper SA1-2 form for more infor	• • • •	

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C CABLE ONE, I	DWNER OF CABLE SYSTEM: NC.	SYSTEM ID# 23032
M Channels	to its subscribers 1. Enter the total	bu 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. I number of channels on which the cable television broadcast stations	9
	on which the ca	I number of activated channels able system carried television broadcast stations cast services	96
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	EMERSON YEARWOOD Telephone 60	02-364-6195
	Address 	210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number) PHOENIX, AZ 85012 (City, town, state, zip) EMERSON.YEARWOOD@CABLEONE.BIZ Fax (optional) 602-364-6013	
O Certification	I, the undersigned (Owned) (Agentic in I X (Offic in I 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.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; of t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syst line 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 line 1 of space B. d 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. on 1001(1986)]	tem 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: (Title of o	VICE PRESIDENT fficial 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.

counting Period: 2019/2	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
BLE ONE, INC.	2303
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 b lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system sh scribers and amounts collected from subscribers receiving secondary transmissions pursuant	n for the basic all not include sub- to section 119."
For more information on when to exclude these amounts, see the note on page (vii) of the general ins located in the paper SA1-2 form.	tructions
During the accounting period, did the cable system exclude any amounts of gross receipts for second made by satellite carriers to satellite dish owners?	ary transmissions
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment For an explanation of interest assessment, see page (viii) of the general instructions located in the pa	
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	-
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	- x 0.00274
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	terest charge)
* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	assistance please
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
	ight Office, places
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyr list below the owner, address, first community served, ID number, and accounting period as given in the	
Owner	
Owner Address	
Address	

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.