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						
2-28-20	\$						
	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	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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	501 N VIRGINIA (Number, street, rural route, apartment, or suite number)
		PORT LAVACA, TX 77979 (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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	CABLE ONE, INC.	71
	Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorpo	
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the	
	as the "first community." Please use it as the first community on all future fil	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or I	mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	PORT LAVACA	<b>TX</b>
Community	CALHOUN COUNTY	TX
	POINT COMFORT	TX
Rows as Necessary		
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	0.0000	

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

7123

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.

BL	OCK 1	BLOCK 2			
04750000/ 05 0500//05	NO. OF	DATE	0.4750000/ 05 0500//05	NO. OF	DATE
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	903	40.00			
<ul> <li>Service to additional set(s)</li> </ul>	767	-			
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel	64	15.00			
Commercial					
Converter					
Residential					
Non-residential					
		T			I

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				
<ul> <li>Pay cable</li> </ul>	10.95-14.00	Motel, hotel	16.04	TIER	40.00	
<ul> <li>Pay cable—add'l channel</li> </ul>	10.95	Commercial	10.69			
<ul> <li>Fire protection</li> </ul>		Pay cable				
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set	45.00	Burglar protection				
<ul> <li>Additional set(s)</li> </ul>	10.69	Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	45.00			
Converter		Disconnect				
		Outlet relocation	16.49			
		Move to new address	30.00			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC.

7123

# G

#### **Primary** Transmitters: Television

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.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **KAVU** 15 Ν VICTORIA, TX KHOU 11 N HOUSTON, TX HOUSTON, TX **KPRC** 35 N **KTRK** 13 N HOUSTON, TX 8 **KUHT** Ε HOUSTON, TX KUNU-LD 28 I **VICTORIA, TX KVCT VICTORIA, TX** 11

Add Rows as Necessary

Accounting	Period:	2019/2
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FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC.

7123

### 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 EM	S/D	LOCATION OF STATION	CALL SIGN	AM or EM	S/D	LOCATION OF STATION
CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION
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LEGAL NAME OF OWNER OF CABLE SYSTEM TO TAILS SYSTEM DEVELOPMENT OF TAILS SYSTEM DEVELOPMENT OF TAILS SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG in General: In space I identify, every nonewtork (devidence) program, broadcast by a distant station, that your cable system carried on a carriage or a particular of the programming that must be included in this log, see page (v) of the general instructions in the pages SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE: During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program and program Log of the program of the prog	Accounting Perio	d: 2019/2						FOR	M SA1-2E. PAGE 5.		
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis 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 (y) of the general instructions in the paper SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (y) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: "Foers vs. Bulls."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is identified).  Column 5: Give the month and day when your system carried by bustitute program.  Column 7: Enter the letter "R" if the listed program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00			CABLE SYST	ГЕМ:							
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Statement and Program Log  Droadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was substituted for programming that	-										
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Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was substituted for programming that your system was substituted for delete under FCC rules and		broadcast by a distant stat	ion?					YES	X NO		
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2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was substituted to delete under FCC rules and regulations in effect on October 19, 1976.  Substitute for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.			,		, o ziai iii ii yoai aiioiioi ii	, ,	uot 00p.o.	io ino program			
SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S  WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON FOR DELETION		2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program									
SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S  CARRIAGE OCCURRED  7. REASON FOR DELETION  5. MONTH 6. TIMES		effect on October 19, 1976.									
SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S  CARRIAGE OCCURRED  7. REASON FOR DELETION  5. MONTH 6. TIMES						11					
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION			IDOTITI IT						7 0540011500		
1. TITLE OF PROGRAM   2. LIVE?   3. STATION'S     5. MONTH   0. TIMES		S									
		TITLE OF PROGRAM			4. STATION'S LOCATION				5222		
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ccounting Period:	LEGAL NAME OF OW	NER OF CABLE	SYSTEM:						SA1-2E. PAGE
Name	CABLE ONE, I		OTOTEWI.						712
<b>K</b> Gross Receipts	GROSS RECEII Instructions: The all amounts (gros (as identified in s page (vii) of the g Gross receip	e figure you g ss receipts) pa pace E) durin general instru	aid to your cang the accourtions locate	able system by nting period. F d in the paper	subscribers for or a further expla	the system nation of h	i's secondary tra	ansmission ser	/ice
	during the ad				P concerning gro				<b>48,459.08</b> gross receipts)
L Copyright Royalty Fee	COPYRIGHT ROY Instructions: To co Complete block 1 Use block 1 if the Use block 2 if the Use block 3 if the See page (vi) of the	ompute the ro I, block 2, or amount of go amount of go amount of go	block 3. ross receipts ross receipts ross receipts	s in space K is s in space K is s in space K is	more than \$137, more than \$263,	100 but les 800 but les	ss than \$527,60		
			BLOCK	(1: GROSS F	RECEIPTS OF \$	137,100 C	OR LESS		
	Instructions: As a accounting period		with gross red	ceipts of \$137,	100 or less, the ro	yalty fee th	at you must pay	for this six-mon	th
	Line 1. Royalty fee	e for accountir	ng period						
	Line 2. Interest ch	arge. Enter th	ne amount fro	m line 4, space	e Q, page 8				0.00
	Line 3. TOTAL RO	OYALTY FEE	PAYABLE F	OR ACCOUNT	ING PERIOD Ad	d lines 1 ar	nd 2		
	Ellio o. Total Re				F \$263,800 OR				
	Base amount ui	nder statutory	formula			\$	263,800.0	0_	
	2. Enter amount o	f gross receipt	ts from space	: К		. \$	248,459.0	8	
	3. Subtract line 2 f	from line 1				\$	15,340.9	2	
	4. Enter the amou	int of gross red	ceipts from sp	oace K			\$	248,459.08	_
	5. Enter the amou	nt from line 3						15,340.92	<u> </u>
	6. Subtract line 5 f	from line 4					\$	233,118.16	_
	7. Multiply line 6 b	y .005 (enter f	figure here) .					. \$	1,165.59
	8. Interest charge.	. Enter the am	nount from lin	e 4, space Q, p	oage 8				0.00
	9. TOTAL ROYAL	LTY FEE PAY	ABLE FOR A	ACCOUNTING	PERIOD. Add line	es 7 and 8 .		\$	1,165.59
		BLOCK 3:	: GROSS RI	ECEIPTS OF	MORE THAN \$	263,800 (I	but less than \$5	527,600)	
	1. Enter the amou	int of gross red	ceipts from sp	oace K					
	2. Base amount u	nder statutory	formula			\$	263,800.0	0	
	3. Subtract line 2 f	from line 1						<u> </u>	
	4. Multiply line 3 b	у .01					· · · <u> </u>		<u> </u>
	5. Royalty due on	the first \$263,	,800 of gross	receipts (under	statutory formula	ı)	\$	1,319.00	<u> </u>
	6. Interest charge.	. Enter the am	nount from lin	e 4, space Q, p	page 8		· · · <u> </u>	0.00	_
	7. TOTAL ROYAL	LTY FEE PAY	ABLE FOR A	ACCOUNTING	PERIOD. Add line	es 4, 5, and	6	· · · <u> </u>	
			FILING FEE	AND TOTAL	REMITTANCE	DUE			
Filing Fee and Fotal Remittance	1. Royalty Fee Pa	yable for Acco	ounting Period	d (from Block 1	, 2, or 3, above) .		\$	1,165.59	=
Due	2. Filing Fee (See	the instruction	ns for more in	formation on fil	ling fee calculation	ns)	<u>\$</u>	20.00	_
	3. TOTAL AMOU	NT DUE FOR	ACCOUNTIN	IG PERIOD. A	add lines 2 and 3			\$	1,185.59
	Important:				of an electronic p	-	-		rights!
		See page	i of the gen	eral instructio	ns in the paper S	6A1-2 form	for more inform	nation.	

Accounting Period:	2019/2			FOI	RM SA1-2E. PAGE 7
Name	CABLE ONE, INC.	OF CABLE SYSTEM:			SYSTEM ID# 7123
M Channels	to its subscribers, and (2  1. Enter the total numbe system carried television 2. Enter the total number on which the cable systems.	2) the cable system's total or of channels on which the on broadcast stations or of activated channels stem carried television bro		ing period.	
N Individual to Be Contacted		ONTACTED IF FURTHER is statement of account.)	INFORMATION IS NEEDED (Identify an individua	al to whom	
for Further Information	Name <b>EME</b>	RSON YEARWOOL	)	Telephone 602-364-6195	
	(Numbe	E. EARLL DRIVE			
		DENIX, AZ 85012-26 own, state, zip)	526		
	Email	emerson.yearwood	d@cableone.biz Fax	(optional) <u>602-364-6195</u>	
O Certification	• I, the undersigned, herel	by certify that (Check one, $t$	be certified and signed in accordance with Copyrig		
	(Agent of own in line 1 of  X (Officer or pa in line 1 of  • I have examined the star	ner other than corporation space B and that the owner thren I am an officer (if a cospace B.  tement of account and here orrect to the best of my known in the correct to the best of my known in the correct to the best of my known in the correct to the best of my known in the correct to the best of my known in the correct to the best of my known in the correct to the best of my known in the corporation.	nor partnership) I am the owner of the cable system as identi- nor partnership) I am the duly authorized agent of the er is not a corporation or partnership; or corporation) or a partner (if a partnership) of the legal beby declare under penalty of law that all statements of powledge, information, and belief, and are made in good	the owner of the cable system as identified entity identified as owner of the cable system	
			X /s/Raymond Storck  Iter an electronic signature on the line above to certify other signature using an "/s/ signature" (e.g., /s/ John Storce RAYMOND STORCK		
		Title:	ICE PRESIDENT al position held in corporation or partnership)		
		Date:	Feb	oruary 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 the 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 telephon 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 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 t 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 lav

ounting Period: 2019/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
BLE ONE, INC.	7123
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	_
Name Mailing Address Name Mailing Address	
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	Interest Assessment
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 <a href="https://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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 Accounting period	

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