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	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 th of the subsidiary, not that of the parent co	e cable system. If the owner is a subsidiary of another corporation, give the full corpor rporation.	rate title						
Owner	List any other name or names under which	the owner conducts the business of the cable system.							
		accounting period, only the owner on the last day of the accounting period should subre payment covering the entire accounting period.							
	Check here if this is the system's first filing	g. If not, enter the system's ID number assigned by the Licensing Division.	7409						
	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 n	umbor)							
	PHOENIX, AZ 85012-2626	uniberj							
	(City, town, state, zip)								
С		ess or trade names used to identify the business and operation of the s 2, give the mailing address of the system, if different from the address of							
System	IDENTIFICATION OF CABLE SYSTEM:								
	SPARKLIGHT								
	MAILING ADDRESS OF CABLE SYSTEM	: 							
	2 727 PAXTON AVENUE (Number, street, rural route, apartment, or suite n	umber)							
	MIAMI, AZ 85539								
	(City, town, state, zip code)								

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 suffciency of the fling, a determination that would be made by a court of law.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2019/2	FORM SA1-2E. PAGE 1b.								
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name										
	CABLE ONE, INC.	7409								
Aroa	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 known 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 identified city.									
	CITY OR TOWN STATE									
First										
Community										
Add Rows as Necessary										
·										
	GLOBE	AZ								
	GILA COUNTY	AZ								
	MIAMI	AZ								
		<u></u>								

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

7409

## E

## Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**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.

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	937	40.00			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel	82	7.50			
Commercial	63	40.00			
Converter					
Residential					
Non-residential					
				1	[

# 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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RAT
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>	17.00	Motel, hotel	90.00	TIER EXP. BASIC	44.
<ul> <li>Pay cable—add'l channel</li> </ul>	9.00	Commercial	90.00		
<ul> <li>Fire protection</li> </ul>		• Pay cable			
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel			
Installation: Residential		Fire protection			
<ul><li>First set</li></ul>	90.00	Burglar protection			
<ul><li>Additional set(s)</li></ul>	30.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	30.00		
<ul> <li>Converter</li> </ul>		Disconnect			
		Outlet relocation	30.00		
		Move to new address	30.00		

**Accounting Period: 2019/2** FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

CABLE ONE, INC.

7409

4. LOCATION OF STATION

G

## **Primary Transmitters: Television**

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

**KAET** 8 Ε PHOENIX, AZ **KASW** 49 I PHOENIX, AZ **KAZT** 7 ı PHOENIX, AZ 7 KAZT-2 I-M PHOENIX, AZ 15 Ν PHOENIX, AZ **KNXV KPHO** 17 Ν PHOENIX, AZ **KPNX** 12 Ν MESA, AZ **KSAZ** 10 PHOENIX, AZ **KTAZ** 39 I PHOENIX, AZ KTVK 24 PHOENIX, AZ **KTVW** 33 PHOENIX, AZ **KUTP** 26 ı PHOENIX, AZ KPNX2 12 I-M PHOENIX, AZ

3. TYPE OF STATION

Add Rows as Necessary

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17) Accounting Period: 2019/2 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC.

#### PRIMARY TRANSMITTERS: RADIO

paper SA1-2 form.

**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

Primary Transmitters: Radio

**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.

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).

	1	1		T	1		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		]					
		<del>-</del>					
		<del> </del>					
		<u></u>					
		_					
		]					
		<b>-</b>					

Accounting Perio							FORM	// SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#		
Name	CABLE ONE, INC.							7409		
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEI	NT AND PROGRAM LO	G					
	In General: In space Lidenti	fy every nor	network televi	sion program broadcast by	, a distant sta	tion that you	r cahla evet	em carried on a		
•	<b>In General:</b> 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									
Substitute	explanation of the programm	• .	•	•	_					
Carriage:										
_	Special tatement and • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and										
<b>Program Log</b>										
	Note: If your answer is "No	" loove the	root of this po	as blank. If your answer i	c "Voc " vou r	nuct comple	to the prog	rom		
	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									
	In General: List each subs		•		s wherever po	ossible, if the	eir meaning	g is		
	clear. If you need more spa	•								
		•		vision program ("substitute	. • ,			•		
	period, was broadcast by a		•	•	•	•				
	under certain FCC rules, re	•								
	Do not use general categor		vies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy	or		
	"NBA Basketball: 76ers vs.		dagat livra anti-	or "Vaa." Othamuiaa antar	"NIO"					
				er "Yes." Otherwise enter						
		•		asting the substitute prog he community to which th		sancad by th	o ECC or	in		
	the case of Mexican or Can		,	•		•	e FCC or,	III		
			-	stem carried the substitute		•	with the n	aonth		
	first. Example: for May 7 give	-	wileli your sys	stem camed the substitute	e program. Os	se Humerais,	, with the n	IOIIIII		
			a substitute nr	ogram was carried by you	r cable system	n List the tir	mas accura	atoly		
	to the nearest five minutes.							atery		
	stated as "6:00-6:30 p.m."	Example: c	a program can	ica by a system from 6.6	1.10 p.iii. to 0	.20.00 p.m.	oriodia be			
	•	er "R" if the	listed progran	n was substituted for prog	ramming that	vour system	n was <i>requ</i>	ired		
	to delete under FCC rules a									
	was substituted for progran	•		0	•			9. 3		
	effect on October 19, 1976.		,	,		3				
	,									
					WHE	N SUBSTIT	UTE			
	SI	JBSTITUT	E PROGRAM		CARRI	AGE OCCU	IRRED	7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TII	MES	DELETION		
	1. TITLE OF FROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– TO			
							_			
					·		_ 			
							_			
							_ 			
							_	(		
							_			
							_			
						_	_			
							. —			
							_			
							_			
							_			
							_			
							_			
						_	_			
							_			
							-			

Accounting Period:	2019/2			FORM S	SA1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.			\$	7409				
<b>K</b> Gross 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) during the accounting period	system's se on of how to	condary transmi compute this a	ssion service mount, see					
Copyright Royalty Fee									
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR I	LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	u must pay for th	is 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 lin	nes 1 and 2		·					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)					
	1. Base amount under statutory formula	\$	263,800.00						
	2. Enter amount of gross receipts from space K								
	3. Subtract line 2 from line 1								
	4. Enter the amount of gross receipts from space K								
	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	3,800 (but	less than \$527,	,600)					
	Enter the amount of gross receipts from space K	\$	315,591.71						
	2. Base amount under statutory formula		263,800.00						
	3. Subtract line 2 from line 1	\$	51,791.71						
	4. Multiply line 3 by .01		<u> </u>	517.92					
	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 .		\$	1,836.92				
			-	*	,				
	FILING FEE AND TOTAL REMITTANCE DU	E							
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,836.92					
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		[	\$	1,856.92				
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		_		yhts!				

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2019/2					FORM SA1-2E. PAGE 7			
Name	CABLE ONE, I	OWNER OF CABLE SYSTEM:				SYSTEM ID# 7409			
M Channels	to its subscribers  1. Enter the total system carried  2. Enter the total on which the c	ou must give (1) the number of s, and (2) the cable system's to all number of channels on which television broadcast stations all number of activated channels able system carried television cast services	total number of activated  h the cable   s  broadcast stations	I channels during the a	accounting period.	293			
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)								
for Further Information	Name	EMERSON YEARWO			Telephone 6	02-364-6195			
	Address	(Number, street, rural route, apart	ment, or suite number)						
	Email	(City, town, state, zip)  emerson.yearw	ood@cableone.biz		Fax (optional) 602-364-6013				
Ocertification	• I, the undersign  (Owne  (Agen in  X (Officin in	t of owner other than corporaline 1 of space B and that the oreer or partner) I am an officer (line 1 of space B.  Id the statement of account and te, and correct to the best of my fon 1001(1986)]	partnership) I am the own ation or partnership) I are wner is not a corporation or partnership if a corporation) or a partnership declare under per	ner of the cable system on the duly authorized a or partnership; or oner (if a partnership) of onalty of law that all state and belief, and are made oner and storck ture on the line above to	as identified in line 1 of space B; gent of the owner of the cable sys the legal entity identified as owner ements of fact contained herein de in good faith.	stem as identified			
		Title: (Title of o	VICE PRESIDENT						
		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.

U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

ccounting Period: 2019/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ABLE ONE, INC.	7409
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."  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?	P Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* 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 Accounting period	

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.

U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)