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
8/28/20	\$ 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

_	1	
A	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
	1	Instructions:
В		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 s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	_	IDENTIFICATION OF CABLE SYSTEM:
	1	SPARKLIGHT
		MAILING ADDRESS OF CABLE SYSTEM:
	2	618 NORTH MAIN (Number, street, rural route, apartment, or suite number)
		ALTUS, OK 73521 (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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	CABLE ONE, INC.	230
	Instructions: List each separate community served by the cable system. A "communi	
D	"a separate and distinct community or municipal entity (including unincorporated co	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	
	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 h	ome parks should be reported in parentheses below the
Area	identified city.	ome parks should be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	ALTUS	OK
Community	ALTUS AFB	OK
	FREDERICK	OK
Rows as Necessary	JACKSON COUNTY	OK
,	BLAIR	OK
	TIPTON	OK
	IIFION	UK
	мания на положения на	

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 23047

CABLE ONE, INC.

Ε

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.

BL	OCK 1		BLOCK	(2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:	COBCONIDENC	TOTIL	GATEGORY OF GERVIOL	COBCONIBLING	TOTIL
Service to first set	1,143	\$40.00	HOSPITAL	107	8.00
 Service to additional set(s) 			NURSING HOME	93	9.00
 FM radio (if separate rate) 			ASSISTED LIVING	55	18.00-1
Motel, hotel			RESIDENTIAL BULK BILL	318	23.00
Commercial	108	\$112.00	APARTMENTS	185	34.00-3
Converter			DORMITORY	80	10.00
Residential	1,143	5.00			
Non-residential	108	5.00			

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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel	90.00	EXPANDED BASIC	\$44.00
 Pay cable—add'l channel 	\$18.00	Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	30.00-90.00	Burglar protection			
 Additional set(s) 	30.00-90.00	Other services:			
 FM radio (if separate rate) 		Reconnect	30.00-90.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		Move to new address			

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

23047

PRIMARY TRANSMITTERS: TELEVISION

G

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 KAUZ-1 22 **WICHITA FALLS, TX** Ν 22 KAUZ-2 **WICHITA FALLS, TX** KFDX 28 Ν **WICHITA FALLS, TX** KJBO-LP 35 I **WICHITA FALLS, TX** 15 **KJTL WICHITA FALLS, TX** KSWO-1 11 N-M LAWTON, OK LAWTON, OK KSWO-2 11 I-M KSWO-3 I-M LAWTON, OK 11 **KETA** 13 I-M OKLAHOMA CITY, OK **KWTV** 39 N-M OKLAHOMA CITY, OK

Add Rows as Necessary

A	-1-2020/4						500	14 0 4 0 E BA 0 E 5
Accounting Perio	LEGAL NAME OF OWNER OF	CARLE SVS	TEM:				FOR	M SA1-2E. PAGE 5.
Name	CABLE ONE, INC.	CABLE 313	I CIVI.					SYSTEM ID# 23047
	·							
Substitute Carriage:	SUBSTITUTE CARRIAGIN General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN	tify every non accounting p ning that mu	nnetwork televi eriod, under sp st be included	ision program, broadcast by pecific present and former F in this log, see page (v) of t	y a <i>distant</i> sta FCC rules, reg	ulations, o	or authorizatio	ns. For a further
Special	During the accounting per	riod, did you	ur cable syster	m carry, on a substitute ba	asis, any nonr	network te	levision prog	ram
Statement and Program Log	broadcast by a distant sta	tion?					YES	X NO
0 0	Note: If your answer is "No	o". leave the	rest of this pa	age blank. If vour answer is	s "Yes." vou r	must comi		
	log in block 2.	,	•	,	, ,		' '	
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broatthe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	titute progra ace, please of every no distant state gulations, or ries like "mo Bulls." m was broa sign of the adcast stati addast stati andian state es when the Example: a ter "R" if the and regulati mming that	am on a separ add additional onnetwork tele tion and that y or authorization ovies" or "bask dcast live, ent- station broadc on's location (i ons, if any, the when your sy e substitute pr a program care listed prograr ions in effect d	I rows to the tables. vision program ("substitute our cable system substitute our cable system substitute ins. See page (v) of the ge etball." List specific program of the community to which the community with which the stem carried the substitute or carried the substitute or carried by a system from 6:0° m was substituted for progluring the accounting period.	e program") tited for the program titles, for e "No." ram. te station is lide station is ide program. Use to program. Use treather to the light of the program of the program of the program of the program of the light of the li	hat, during ogrammin ions for fu example, " censed by entified). se numera m. List the c:28:30 p.r	g the accoung of another informatic love Lucy" the FCC or, als, with the retimes accured the should be tern was required.	ting station tion. or in month ately
	,					N SUBST		7. DE 100N FOD
	S		E PROGRAM		1		CURRED TIMES	7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO	
							_	
				·				

Accounting Period:					SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.			•	23047
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (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. IMPORTANT: You must complete a statement in space P concerning gross receipts.	stem's sec	condary transmi compute this a	ssion service imount, see	
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 bu Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more inf	ut less tha	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,	100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	ou must pay for t	his six-mon	
	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 line	s 1 and 2		- <u>-</u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	S (but mo	re 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 a	and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	300 (but l	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	415,388.85		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	151,588.85		
	4. Multiply line 3 by .01		\$	1,515.89	
	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, 8	5, and 6 .		\$	2,834.89
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and					
Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	• • • • • • • • • • • • • • • • • • • •	\$	2,834.89	
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			\$	2,854.89
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2				ghts!

Accounting Period:	2020/1				FORM SA1-2E. F	AGE 7
Name	CABLE ONE, INC.	ER OF CABLE SYSTEM:			SYSTE 2	M ID# 23047
M				ls on which the cable system carried television broadcas ber of activated channels during the accounting period.	t stations	
Oldinois		nber of channels on which vision broadcast stations .		le	10	
	on which the cable	nber of activated channels system carried television l services	broadca		227	
N Individual to Be Contacted		CONTACTED IF FURTH		DRMATION IS NEEDED (Identify an individual to whom		
for Further Information	Name E N	MERSON YEARWO	OD	т	elephone 602-364-6195	
	(Nu Pl	0 E. EARLL DRIVE mber, street, rural route, apartm HOENIX, AZ 85012		ite number)		
	Email	y, town, state, zip) EMERSON.YEA	ARWOO	D@CABLEONE.BIZ Fax (optional) 60)2-364-6013	
	CERTIFICATION (This	s statement of account mu	ust be ce	rtified and signed in accordance with Copyright Office re	gulations)	
O Certification	• I, the undersigned, h	ereby certify that (Check o	ne, <i>but o</i>	nly one, of the boxes.)		
	(Owner oth	ner than corporation or pa	artnersh	ip) I am the owner of the cable system as identified in line	1 of space B; or	
				partnership) I am the duly authorized agent of the owner of ot a corporation or partnership; or	the cable system as identified	
		r partner) I am an officer (i I of space B.	f a corpo	ration) or a partner (if a partnership) of the legal entity iden	tified as owner of the cable system	
		nd correct to the best of my	-	leclare under penalty of law that all statements of fact conta lge, information, and belief, and are made in good faith.	ained herein	
			X	/s/ RAYMOND STORCK		
				electronic signature on the line above to certify this statemen nature using an "/s/ signature" (e.g., /s/ John Smith)	nt.	
		Typed or printed	name:	RAYMOND STORCK		
				PRESIDENT on held in corporation or partnership)		
		Date:		August 28, 202	0	

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.

ounting Period: 2020/1	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ABLE ONE, INC.	23047
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 Receipts Exclusion
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?	
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
x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number	
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 th 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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 23047

CABLE ONE, INC.

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 FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KEYB	FM	X	ALTUS, OK				
KEID	1 101	<u> </u> ^	ALTOO, OK				
		 					
		 					
		l					
		l					
		!					
		ļ					
		ļ					
		ļ					
		ļ					
		ļ					
		ļ					
		ļ					
		ļ				·	
		ļ					
		ļ				·	
		ļ				·	
		ļ				·	
	·	ļ					
	·	ļ					
		 				ļ	
		ļ					
						ļ	
		 -					
		ļ				ļ	
		ļ				ļ	
		ļ				ļ	
		ļ					
						ļ	
							
							