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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	2/25/2021	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20202 Barcode Data Filing Period (optional - see instructions)
Accounting Period	
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	CABLE ONE, INC.
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)
	PHOENIX, AZ 85012-2626 (City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1 IDENTIFICATION OF CABLE SYSTEM:
	CALE ONE, INC. d/b/a SPARKLIGHT
	2 (Number, street, rural route, apartment, or suite number)
	CHANUTE, KS 67357 (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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CABLE ONE, INC.	10477
D	Instructions: List each separate community served by the cable system. A "co separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or n	ed communities within unincorporated areas and including single, discrete t will serve as a form of system identification hereafter known as the "first
Area Served	city.	
		STATE
First Community	CHANUTE	KS
dd Rows as Necessary		

								01/0	-2E. PAGE
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM IC 1047
	CABLE ONE, INC.								1047
-	SECONDARY TRANSMISSION	SERVICE: SUB	SCRI	BERS AND RA	TES				
Е	In General: The information in s	•		-	•				
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period	(June 30 or Dec	cembe	r 31, as the ca	se may be)			•	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the nu			0 / 1					
	separately for the particular servi	ice at the rate in	dicate	d—not the num	ber of sets	receiving servic	e).	C C	
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				ly stanuart		wiu iir a pa		
	Block 1: In the left-hand block	in space E, the	form li	sts the categor					
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca	ble service to ac	dition	al sets would b	e included	0,			
	first set" and would be counted o					onvice that are	lifforont fro	m those	
	Block 2: If your cable system I printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.				1				
	BLO	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:				DODM			450	
	Service to first set		586	40.00	DORMI	IORY		152	8.
	Service to additional set(s)								
	• FM radio (if separate rate) Motel, hotel		2	10.50					
	Commercial		222	8.00-15.00					
	Converter			0.00-10.00					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat not covered in space E, that is, the		,		•	• •			
	service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		sually	billed. If any ra	es are cha	irged on a variat	pie per-pro	gram basis,	
Transmissions:	Block 1: Give the standard rat	e charged by the							
Rates	Block 2: List any services that listed in block 1 and for which a s				-				
	I IISLEU IN DIOCK T AND IOF WHICH A S	separate charge	was n	ando or ostabli	bod ligt t				
	brief (two- or three-word) descrip		the ra		shed. List t	nese other servi			
	brief (two- or three-word) descrip	otion and include			shed. List t				
		otion and include BLOC	K 1	te for each.				BLOCK 2	RATI
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	btion and include BLOC RATE	K 1 CATEC		VICE	RATE			RAT
	CATEGORY OF SERVICE	btion and include BLOC RATE	K 1 CATEC nstall	te for each. GORY OF SER	VICE		CATEGO	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	btion and include BLOC RATE	K 1 CATEO nstalla • Mo	te for each. GORY OF SER ation: Non-res	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	40.0
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLOC RATE (1 17.00	K 1 CATEC nstall • Mo • Co • Pa	te for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable	VICE idential	RATE	CATEGO	BLOCK 2 DRY OF SERVICE DED BASIC	40.0
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLOC RATE (1 17.00	K 1 CATEC • Mo • Co • Pay	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch	VICE idential	RATE COST COST	CATEGO	BLOCK 2 DRY OF SERVICE DED BASIC	RATI 40.0 5.0
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOC RATE (17.00 9.00	K 1 CATEC nstall • Mo • Co • Pa • Pa • Fire	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection	VICE idential	RATE COST COST	CATEGO	BLOCK 2 DRY OF SERVICE DED BASIC	40.0
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOC RATE (17.00 9.00 90.00	K 1 CATEC nstalla • Mo • Co • Pa • Pa • Fire • Bu	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	VICE idential	RATE COST COST	CATEGO	BLOCK 2 DRY OF SERVICE DED BASIC	40.0
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOC RATE (17.00 9.00 90.00	K 1 CATEC nstalla • Mo • Co • Pay • Pay • Fire • Bui Other	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	VICE idential	RATE COST COST COST	CATEGO	BLOCK 2 DRY OF SERVICE DED BASIC	40.0
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLOC RATE (17.00 9.00 90.00	K 1 CATEC nstall • Mo • Co • Pay • Fire • Bui Other	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	VICE idential	RATE COST COST	CATEGO	BLOCK 2 DRY OF SERVICE DED BASIC	40.(
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOC RATE (17.00 9.00 90.00	K 1 CATEC nstalla • Mo • Co • Pay • Fire • Bui Other • Re • Dis	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	VICE idential	RATE COST COST COST	CATEGO	BLOCK 2 DRY OF SERVICE DED BASIC	40.0

	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTI
Name	CABLE ONE, INC.			
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, i Substitute Basis Station basis under specific FCC i • Do <i>not</i> list the station he station was carried <i>only</i> or • List the station here, and basis. For further informat Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eace educational station, by ent (for independent multicast For the meaning of these the Column 4: Give the locati	also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	1) stations carried only on a part-til e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also see page (v) of the general instructi ogram services such as HBO, ESF air designation. For example, repo- ision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indepa "E-M" (for noncommercial education tors in the paper SA1-2 form. he community to which the station	me basis under ams [sections tions carried on a ostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KFJX	13	I	PITTSBURG, KS/JOPLIN, MO
	KJRH	56	N	TULSA, OK
ws as Necessary		56	N N	
ws as Necessary	KOAM	7	N	PITTSBURG, KS
ws as Necessary	KOAM KODE	7 43	N N	PITTSBURG, KS JOPLIN, MO
ws as Necessary	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO
ws as Necessary	KOAM KODE	7 43	N N	PITTSBURG, KS JOPLIN, MO
ws as Necessary	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO
ws as Necessary	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO
ws as Necessary	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO
ws as Necessary	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO
ws as Necessary	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO
ws as Necessary	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO
ws as Necessary	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO
ws as Necessary	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO
ws as Necessary	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO
ws as Necessary	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO
ws as Necessary	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO
ws as Necessary	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO
ws as Necessary	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO
ws as Necessary	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO
ws as Necessary	KOAM	7	N	PITTSBURG, KS
	KODE	43	N	JOPLIN, MO
	KSNF	46	N	JOPLIN, MO

CABLE ONE	F OWNER OF (E, INC.	ABLE ST	STEM:					SYSTEM I 104
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of for detailed infu- paper SA1-2 for Column 1: In Column 2: S Column 3: It ignal, indicate Column 4: C) it is carried b monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing Sive the station	y the sys be recein the Consistence sign of e the station ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. In is AM or FM. nal was electronically process (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 licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		V						
KANU KBEQ	FM FM	X X						
KCFX	FM	X						
CMO	FM	X						
CMW	FM	X						
CUR	FM	X						
(IKS	FM	X						
(INZ	FM	X						
KOY	FM	X						
<maj< td=""><td>FM</td><td>X</td><td></td><td></td><td></td><td> </td><td></td><td></td></maj<>	FM	X						
<pre></pre>	FM	X				1		
<yys< td=""><td>FM</td><td>X</td><td></td><td></td><td></td><td> </td><td></td><td></td></yys<>	FM	X						
						ļ		
						 		

Accounting Perio							FORM	SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CABLE ONE, INC.							10477
	SUBSTITUTE CARRIAGE	: SPECIA		IT AND PROGRAM LOG	ì			
	In General: In space I, identi	-	-			on that your ca	able system	carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	n this log, see page (v) of th	e general instr	uctions in the p	paper SA1-2	2 form.
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE				
Special	 During the accounting per 	-			sis. anv nonne	etwork televisio	on program	า
Statement and	broadcast by a distant stat	-		·,,,	,,,			× NO
Program Log								
	Note: If your answer is "No	", leave the	rest of this page	ge blank. If your answer is	s "Yes," you m	ust complete t	the prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subs				s wherever po	ssible, if their i	meaning is	;
	clear. If you need more spa					- 4		
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				• •	,	
				er "Yes." Otherwise enter "				
				asting the substitute progr			-00	
	the case of Mexican or Car			he community to which the			-CC or, in	
				stem carried the substitute			ith the mor	nth
	first. Example: for May 7 give		inten year eye		program. oo			
	Column 6: State the time	es when the		ogram was carried by your				У
	to the nearest five minutes.	Example: a	a program carr	ied by a system from 6:01	:15 p.m. to 6:	28:30 p.m. sho	ould be	
	stated as "6:00–6:30 p.m."	"D" :{ 4	1					-1
	to delete under FCC rules a			was substituted for progr				
	was substituted for program							am
	effect on October 19, 1976.		,			and regulation		
					11			
						N SUBSTITU	I	
	S	UBSTITUT	E PROGRAM			AGE OCCUR		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMI FROM —	ES TO	DELETION
		103 01 10	ONLE OIGH	4. 01/110100 200/11010			10	
						_		
						_		
			[] [
] [_		
1						—	L	
					-			

	LEGAL NAME OF OWNER OF CABLE SYSTEM:				SYSTEM I
Name	CABLE ONE, INC.				104
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determine all amounts (gross receipts) paid to your cable system by (as identified in space E) during the accounting period. F page (vii) of the general instructions located in the paper Gross receipts from subscribers for secondary trans	v subscribers for the syster or a further explanation of SA1-2 form.	n's secondary trans	mission service	
	during the accounting period				32,358.47 gross receipts)
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 • Use block 2 if the amount of gross receipts in space K is • Use block 3 if the amount of gross receipts in space K is See page (vi) of the general instructions located in the paper 3	more than \$137,100 but le more than \$263,800 but le	ess than \$527,600		
	BLOCK 1: GROSS	RECEIPTS OF \$137,100	OR LESS		
	Instructions: As a cable system with gross receipts of \$137,1 accounting period is \$52.00	100 or less, the royalty fee th	at you must pay for t	nis six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space				0.00
	Line 2. interest charge. Enter the amount from the 4, space	Q, page o			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTI	ING PERIOD. Add lines 1 a	nd 2	··· <u> </u>	
	BLOCK 2: GROSS RECEIPTS C	DF \$263,800 OR LESS (b	out more than \$137	,100)	
	1. Base amount under statutory formula	<u>\$</u>	263,800.00	<u> </u>	
	2. Enter amount of gross receipts from space K			_	
	3. Subtract line 2 from line 1			<u> </u>	
	4. Enter the amount of gross receipts from space K			232,358.47	-
	5. Enter the amount from line 3		\$	31,441.53	-
	6. Subtract line 5 from line 4		\$	200,916.94	-
	7. Multiply line 6 by .005 (enter figure here)				1,004.58
	8. Interest charge. Enter the amount from line 4, space Q, p.	age 8			0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING F	PERIOD. Add lines 7 and 8		\$	1,004.58
	BLOCK 3: GROSS RECEIPTS OF	F MORE THAN \$263,800	(but less than \$52	7,600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01		·····		_
	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, p.	age 8		0.00	_
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING F	PERIOD. Add lines 4, 5, and	d 6		
	FILING FEE AND TOTAL				
		E REWITTANCE DUE			
Filing Fee and Fotal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1,	2, or 3, above)	\$	1,004.58	_
Due	2. Filing Fee (See the instructions for more information on fili	ng fee calculations)	\$	20.00	
		_ ,	<u> </u>		-
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. A	dd lines 2 and 3		\$	1,024.58
	Important: Your remittance must be in the form	of an electronic payment	payable to the Regis	ster of Copyria	hts!
	See page i of the general instruction				

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF	OWNER OF CABLE SYSTEM	:			SYSTEM ID# 10477
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	bers, and (2) the cable system otal number of channels on w ried television broadcast stat otal number of activated char ne cable system carried televi	n's total num hich the cab ions nels sion broadca	nber of activated channels duri	carried television broadcast stations ing the accounting period.	6 234
N Individual to		TO BE CONTACTED IF FUR		ORMATION IS NEEDED (Iden	ntify an individual to whom	
Be Contacted for Further Information	Name	EMERSON YEARW	OOD		Telephone 60	02-364-6195
	Address	210 E. EARLL DRIN (Number, street, rural route, ap PHOENIX, AZ 850 (City, town, state, zip)	artment, or sui	ulte number)		
	Email	(eny, term, etate, 1,p)			Fax (optional	
	CERTIFICATIO	N (This statement of account	must be cer	rtified and signed in accordance	ce with Copyright Office regulations)	
O Certification	(Own (Age X (Off • I have examinare true, comp	ent of owner other than corpor in line 1 of space B and that ficer or partner) I am an office in line 1 of space B. ed the statement of account an	partnership pration or pa the owner is r (if a corpora d hereby decl	p) I am the owner of the cable sy artnership) I am the duly authori not a corporation or partnership ation) or a partner (if a partnership)	nip) of the legal entity identified as owner of I statements of fact contained herein	
				/s/ Raymond Storck		
		Typed or prin	ed name:	RAYMOND STORCK		
		Title:		PRESIDENT al position held in corporation or partr	nership)	

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.

unting Period: 2020/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
BLE ONE, INC.	104
 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? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statemer Concerning Gros Receipts Exclusio
Name 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 Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here x	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme

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