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							
AMOUNT							
\$ 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	OUNTING 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										
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. d/b/a SPARKLIGHT								
		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								
	_	(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	1	IDENTIFICATION OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT								
		MAILING ADDRESS OF CABLE SYSTEM:								
	2	604 E. NATIONAL AVENUE (Number, street, rural route, apartment, or suite number)								
		BRAZIL, IN 47834 (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 sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGI SYSTEM
Name	CABLE ONE, INC. d/b/a SPARKLIGHT	300
	Instructions: List each separate community served by the cable system. A "community"	
D	separate and distinct community or municipal entity (including unincorporated commun	nities within unincorporated areas and including single, discre
ט	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve	
	community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	ne parks should be reported in parentheses below the identif
Served	city.	
		-
	CITY OR TOWN	STATE
First	JASONVILLE	IN
Community	DUGGER	IN IN
	VIGO	IN IN
lows as Necessary	VCOALMONT	IN
	FARMERSBURG	IN
	WILFRED	IN
	GREEN(N)	IN
	HYMERA	IN
	WORTHINGTON	IN
	ROCKVILLE	IN
	MARSHALL	IN
	PARKE COUNTY	IN
	GREEN(S)	IN
	SHELBURN	IN
	MONTEZUMA	IN
	BLOOMINGDALE	IN
	MECCA	IN

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC. d/b/a SPARKLIGHT

SYSTEM ID# 30050

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		
	NO. OF		l l	NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUB	SSCRIBERS RATE
Residential:				
Service to first set	587	\$40.00		
Service to additional set(s)				
• FM radio (if separate rate)				
Motel, hotel				
Commercial	23	\$53.25		
Converter				
Residential				
Non-residential				
	T		r	

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	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	7.00-15.00	Motel, hotel		EXPANDED BASIC	48.0
 Pay cable—add'l channel 		Commercial		DIGITAL FAM PLUS	16.0
 Fire protection 		• Pay cable		STARZ SUPER PAK	19.
Burglar protection		Pay cable-add'l channel		SHOWTIME UNLTD	19.
Installation: Residential		Fire protection		CINEMAX	19.
 First set 	100.00	Burglar protection		НВО	19.
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		• Reconnect	\$30.00		
 Converter 		Disconnect			
		Outlet relocation	30.00		
		Move to new address	\$30.00		

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

CABLE ONE, INC. d/b/a SPARKLIGHT

SYSTEM ID# 30050

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 4. LOCATION OF STATION **WAWV** 39 N TERRA HAUTE, IN WTHI 10 Ν TERRA HAUTE, IN WTIU 14 Ε **BLOOMINGTON, IN WTWO** 36 Ν TERRA HAUTE, IN WTHI-2 10 I-M TERRA HAUTE, IN WTHI-3 10 I-M TERRA HAUTE, IN

3. TYPE OF STATION

Add Rows as Necessary

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

Accounting Period: 2020/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 30050

CABLE ONE, INC. d/b/a SPARKLIGHT

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
	 		 				
		ļ					
							
	 				l		
							
	 						
	 						
			L				
	 						
	 		 		 		
	 						
	ļ				ļ		
	ļ				ļ		
					L		
	 				l		
	 	 	 		<u> </u>		
	 						
					l		ļ

ccounting Period: 2020/1 FORM SA1-2E. PAGE 5.								
Accounting Perior	LEGAL NAME OF OWNER OF	CABLE SYST	FM·				FURI	SYSTEM ID#
Name								
	CABLE ONE, INC. U/D/a	JEANNE						30050
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identify substitute basis during the acceptanation of the programming 1. SPECIAL STATEMENT During the accounting periproadcast by a distant station of the programming the accounting periproadcast by a distant station of the programming the accounting periproadcast by a distant station of the period of the period of the period, was broadcast by a under certain FCC rules, research in substitute of the period, was broadcast by a under certain FCC rules, research in substitute of the period, was broadcast by a under certain FCC rules, research in substitute of the period, was broadcast by a under certain FCC rules, research in substitute of the period, was broadcast by a under certain FCC rules, research in substitute of the period of	: SPECIAI fy every non counting pe ng that mus CONCERI od, did you on? f, leave the PROGRAI itute progra ce, please a of every no distant stat gulations, o	L STATEMEN Inetwork television and that your authorizations L STATEMEN L	con program, broadcast by cific present and former FC this log, see page (v) of the TUTE CARRIAGE carry, on a substitute bage blank. If your answer is te line. Use abbreviations rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the ge	a distant static CC rules, regular general instant sis, any nonn s "Yes," you make wherever possible program") the defor the proneral instructi	ations, or au ructions in the etwork televen aust comple assible, if the mat, during the gramming coons for furth	vision progratives YES te the progrative accounting of another states are informatic	For a further .2 form. m NO m seguition
	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 permitted to delete under FCC rules and regulations in effect on October 19, 1976.							
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S	4 CTATIONIC I COATION	5. MONTH		URRED TIMES	7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
					-		_	
							_	
					-			
						 		
					-		<u> </u>	
							<u> </u>	
							_	
							_	
							_	
							_	
	L		ļ	L	-			L

	2020/1 LEGAL NAME OF OWNER OF CABLE SYSTEM:				SA1-2E. PAGE
Name	CABLE ONE, INC. d/b/a SPARKLIGHT				3005
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a 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 explanati 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 so ion of how	econdary transr to compute this	nission service amount, see	
	IMPORTANT: You must complete a statement in space P concerning gross re				ross 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 \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less th	nan \$527,600	5263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	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 2. Interest charge. Enter the amount from the 4, space Q, page 6				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line	es 1 and 2		• • •	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	•	ore than \$137,	100)	
	Base amount under statutory formula		263,800.00	_	
	2. Enter amount of gross receipts from space K		202,840.78	_	
	3. Subtract line 2 from line 1			_	
	4. Enter the amount of gross receipts from space K			202,840.78	
	5. Enter the amount from line 3			60,959.22	
	6. Subtract line 5 from line 4			141,881.56	
	7. Multiply line 6 by .005 (enter figure here)				709.41
	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		. \$	709.41
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26:	3 800 (hut	less than \$527	7 600)	
	DESGRO. GROSS RESEM TO ST WORLD THE WAY	0,000 (but	1033 11411 4021	,000)	
	Enter the amount of gross receipts from space K			_	
	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, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	5, and 6		· ·	
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Em. E					
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	709.41	
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			\$	729.41

Accounting Period: 2020/1 FORM SA1-2E. PAGE 8. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 30050 CABLE ONE, INC. d/b/a SPARKLIGHT 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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **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 Name Name 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. Interest Assessment days x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * 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.

Accounting Period:	2020/1					FORM SA1-2E. PAGE 7.			
Name		OWNER OF CABLE SYSTEM: NC. d/b/a SPARKLIGHT				SYSTEM ID# 30050			
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 274								
N Individual to Be Contacted									
for Further	Name	EMERSON YEARWO	OD		Telephone	602-364-6195			
Information	Address	210 E. EARLL DRIVE (Number, street, rural route, apartn PHOENIX, AZ 85012 (City, town, state, zip)		uite number)					
	Email	EMERSON.YEA	ARWOO	DD@CABLEONE.BIZ	Fax (optional 602-364-601	3			
	CERTIFICATION	(This statement of account mu	ust be ce	ertified and signed in accordance with 0	Copyright Office regulations)				
O Certification	 I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 								
				/s/ RAYMOND STORCK n electronic signature on the line above to a gnature using an "/s/ signature" (e.g., /s/ J					
		Typed or printed	name:	RAYMOND STORCK					
		Title:		PRESIDENT al position held in corporation or partnership)					
		Date:			February 25, 2021				

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.