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  \$ 2/25/2021 ALLOCATION NUMBER							
\$	FOR COPYRIGHT OFFICE USE ONLY						
\$ ALLOCATION NUMBER	DATE RECEIVED	AMOUNT					
II I	2/25/2021	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20202 Barcode Data Filing Period (optional - see instructions)
Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CABLE ONE, INC. 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)
	INSTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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:
		604 E. NATIONAL AVENUE
	2	(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.

Accounting Period:	2020/2	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CABLE ONE, INC. d/b/a SPARKLIGHT	31310
	Instructions: List each separate community served by the cable system. A "communi	
_	separate and distinct community or municipal entity (including unincorporated community or municipal entity).	
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se	
	community." Please use it as the first community on all future filings.	ive as a form of system identification fiereafter known as the first
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	name parks should be reported in parentheses helpy the identified
Area	city.	ionie parks snould be reported in parentileses below the identified
Served	city.	
	CITY OR TOWN	STATE
First	FLORA	IN
Community	CAMDEN	IN
	DELPHI	IN IN
	BURLINGTON	
Add Rows as Necessary		IN IN
	CARROLL COUNTY	<u>IN</u>

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 31310

### CABLE ONE, INC. d/b/a SPARKLIGHT

# 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	BLOCK 2		
CATEGORY OF CERVICE	NO. OF	DATE	CATECODY OF SERVICE	NO. OF	DATE	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	473	\$40.00				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	26	\$53.25				
Converter						
Residential						
Non-residential						

# 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>	\$7-\$15.00	Motel, hotel		EXPANDED BASIC	48.
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		DIGITAL FAM PLUS	16
<ul> <li>Fire protection</li> </ul>		• Pay cable		STARZ SUPER PAK	19
<ul><li>Burglar protection</li></ul>		• Pay cable-add'l channel		SHOWTIME UNLTD	19
Installation: Residential		Fire protection		CINEMAX	19
<ul> <li>First set</li> </ul>	\$100.00	Burglar protection		НВО	19
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		• Reconnect	\$30.00		
<ul> <li>Converter</li> </ul>		Disconnect			
		Outlet relocation	\$30		
		Move to new address	\$30.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 31310

### CABLE ONE, INC. d/b/a SPARKLIGHT

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WFYI	21	E	INDIANAPOLIS, IN
WHMB	20	l	INDIANAPOLIS, IN
WISH	9	<u> </u>	INDIANAPOLIS, IN
WLFI	11	N	WEST LAFAYETTE, IN
WNDY	9	l	INDIANAPOLIS, IN
WRTV	25	N	INDIANAPOLIS, IN
WTHR	13	N	INDIANAPOLIS, IN
WTTV	48	l	BLOOMINGTON, IN
WXIN	45	l	INDIANAPOLIS, IN
WISH-2	9	I-M	INDIANAPOLIS, IN
WISH-3	9	I-M	INDIANAPOLIS, IN
WNDY	9	I-M	INDIANAPOLIS, IN
	1		

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

31310

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
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Associating Dorio	d. 2020/2						FOR	M SA1-2E. PAGE 5.
Accounting Perio	LEGAL NAME OF OWNER OF	CARLE SYST	EW.				FURI	SYSTEM ID#
Name								31310
	CABLE ONE, INC. U/D/a SPARKLIGHT							
Substitute Carriage: Special Statement and  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable sy substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorization explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper of the programming that must be included in this log, see page (v) of the general instructions in the paper of the programming that must be included in this log, see page (v) of the general instructions in the paper of the programming that must be included in this log, see page (v) of the general instructions in the paper of the programming that must be included in this log, see page (v) of the general instructions in the paper of the programming that must be included in this log, see page (v) of the general instructions in the paper of the programming that must be included in this log, see page (v) of the general instructions in the paper of the programming that must be included in this log, see page (v) of the general instructions in the paper of the programming that must be included in this log, see page (v) of the general instructions in the paper of the programming that must be included in this log, see page (v) of the general instructions in the paper of the programming that must be included in this log, see page (v) of the general instructions in the paper of the programming that must be included in this log, see page (v) of the general instructions in the paper of the programming that must be included in this log, see page (v) of the general instructions in the paper of the programming that must be included in this log, see page (v) of the general instructions in the paper of the programming that must be included in this log, see page (v) of the general instructions in the paper of the programming that must be included in this log, see page (v) of th						vision prograte  YES  ete the prograte	m carried on a For a further -2 form.  M NO	
	Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in							ation on. onth ely
	S	I	E PROGRAM		CARR	EN SUBST	URRED	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	FROM	TIMES  — TO	
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N	LEGAL NAME OF OWNER OF CABLE SYSTEM:				S	YSTEM IC		
Name	CABLE ONE, INC. d/b/a SPARK	LIGHT				3131		
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in the all amounts (gross receipts) paid to you (as identified in space E) during the act page (vii) of the general instructions to Gross receipts from subscribers for	ir cable system by subscribers counting period. For a further cated in the paper SA1-2 form or secondary transmission ser	s for the system's explanation of ho vice(s)	s secondary transn ow to compute this	nission service amount, see			
	during the accounting period IMPORTANT: You must complete a si				\$ 17 (Amount of gr	1,610.29 oss receipts)		
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee o Complete block 1, block 2, or block 3. Use block 1 if the amount of gross rec Use block 2 if the amount of gross rec Use block 3 if the amount of gross rec Eee page (vi) of the general instructions lo	pipts in space K is \$137,100 o pipts in space K is more than s pipts in space K is more than s	\$137,100 but less \$263,800 but less	than \$527,600	:263,800			
	В	OCK 1: GROSS RECEIPTS	OF \$137,100 C	R LESS				
	Instructions: As a cable system with gros	s receipts of \$137,100 or less, the	he royalty fee that	you must pay for th	is six-month			
	Line 1. Royalty fee for accounting period							
	Line 2. Interest charge. Enter the amour					0.00		
	Line 3. TOTAL ROYALTY FEE PAYABLE BLOCK 2: GRO	E FOR ACCOUNTING PERIOD SS RECEIPTS OF \$263,80			-			
	Base amount under statutory formula	· · · · · · · · · · · · · · · · · · ·	,		,			
	Enter amount of gross receipts from s			171,610.29	-			
	3. Subtract line 2 from line 1			92,189.71	-			
	4. Enter the amount of gross receipts fro				- 171,610.29			
	5. Enter the amount from line 3			\$	92,189.71			
	6. Subtract line 5 from line 4			\$	79,420.58			
	7. Multiply line 6 by .005 (enter figure her	*)			\$	397.10		
	8. Interest charge. Enter the amount from	n line 4, space Q, page 8				0.00		
	9. TOTAL ROYALTY FEE PAYABLE FO	R ACCOUNTING PERIOD. Ac	ld lines 7 and 8		\$	397.10		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)							
	Enter the amount of gross receipts fro	n space K	· · · · · · · · · · · · · · · · · · ·		_			
	Base amount under statutory formula		\$	263,800.00	_			
	3. Subtract line 2 from line 1		<u></u>		_			
	4. Multiply line 3 by .01							
	5. Royalty due on the first \$263,800 of gr	oss receipts (under statutory for	mula)	\$	1,319.00			
	6. Interest charge. Enter the amount from	n 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 REMITTA	NCE DUE					
Filing Fee and								
otal Remittance	Royalty Fee Payable for Accounting Page 1.	riod (from Block 1, 2, or 3, abov	/e)	\$	397.10			
<b>546</b>	2. Filing Fee (See the instructions for mo	e information on filing fee calcul	ations)	<u>\$</u>	20.00			
	3. TOTAL AMOUNT DUE FOR ACCOU	ITING PERIOD. Add lines 2 a	nd 3		\$	417.10		
	Important: Your remittance m							

Accounting Period: 2020/2 FORM SA1-2E. PAGE 8. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 31310 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

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First community served Accounting period

Accounting Period: 2	2020/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER C					SYSTEM ID# 31310
M Channels	to its subscribers, and (2)  1. Enter the total number system carried televis  2. Enter the total number on which the cable system.	2) the cable system's r of channels on whic ion broadcast station r of activated channe stem carried television	total num  th the cab  as		ecounting period.	272
N Individual to Be Contacted	INDIVIDUAL TO BE CO			DRMATION IS NEEDED (Identify an inc	dividual to whom	
for Further Information	Name <b>EMEI</b>	RSON YEARWO	OD		Telephone (	602-364-6195
	(Number	E. EARLL DRIVE , street, rural route, apartr ENIX, AZ 85012 vn, state, zip)	ment, or suit	ite number)		
	Email	EMERSON.YEA	ARWOOI	D@CABLEONE.BIZ	Fax (optional <u>602-364-6013</u>	
	CERTIFICATION (This sta	itement of account m	ust be cer	rtified and signed in accordance with Co	opyright Office regulations)	
O Certification	(Agent of owner in line 1)  X (Officer or par in line 1)	er other than corporator space B and that the there) I am an officer (if of space B.	artnership tion or par e owner is f a corpora	o) I am the owner of the cable system as in a system as in a corporation or partnership; or a stion) or a partner (if a partnership) of the I stare under penalty of law that all statemen	of the owner of the cable syst	em as identified
		orrect to the best of my	-	ge, information, and belief, and are made i		
				/s/ RAYMOND STORCK electronic signature on the line above to ce nature using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printed	name:	RAYMOND STORCK		
		Title:		PRESIDENT position held in corporation or partnership)		
		Date:			February 25, 2021	

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