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					

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	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		outing : Edge Governes Dr. Hilloura Edition (T. 1.1/1 chou))
		2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20202 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		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.
	1	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)
	1 1	PHOENIX, AZ 85012-2626
		(City, town, state, zip)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:
		310 N. VAN BUREN (Number, street, rural route, apartment, or suite number)
		ELK CITY, OK 73844
		(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.

Accounting Period:	2020/2								
		FORM SA1-2E. PAGE 1b.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name									
	CABLE ONE, INC.	6235							
	Instructions: List each separate community served by the cable system. A "community								
D	separate and distinct community or municipal entity (including unincorporated commu								
	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.								
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	me parks should be reported in parentheses below the identified							
Area	city.								
Served									
	CITY OR TOWN	STATE							
First	BISBEE	AZ							
Community	ELK CITY	OK							
	BECKHAM COUNTY	OK							
Add Rows as Necessary	CLINTON	OK							
,	CORDELL	OK							
	GREER COUNTY	OK							
	HOBART	OK							
	KIOWA COUNTY	OK							
	MANGUM	OK							
	SAYRE	OK							

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 6235

CABLE ONE, INC.

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK	< 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	994	40.00			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel	418	8.00			
Commercial	182	36.00			
Converter					
Residential	994	5.00			
Non-residential	182	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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel	100.00	EXPANDED BASIC	44.00
Pay cable—add'l channel		Commercial		COMMERCIAL DMS	40.00
Fire protection		• Pay cable		TIVO MINI	7.00
•Burglar protection		Pay cable-add'l channel		HBO	19.00
Installation: Residential		Fire protection		SHOWTIME	19.00
• First set	90.00	Burglar protection		STARZ/ENCORE	19.00
Additional set(s)	30.00	Other services:		DVR	15.00
• FM radio (if separate rate)		Reconnect	30.00	HDTV RECEIVER	5.00
Converter		Disconnect		CINEMAX	19.00
		Outlet relocation	30.00	DVP	16.00
		Move to new address	30.00	TIVO-Q	15.00

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

6235

Name

CABLE ONE, INC.

PRIMARY TRANSMITTERS: TELEVISION

substitute program basis, as explained in the next paragraph.

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 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
KAUT	19.2	l	OKLAHOMA CITY, OK
KFOR	27	N	OKLAHOMA CITY, OK
КОСВ	33	<u> </u>	OKLAHOMA CITY, OK
косо	7	N	OKLAHOMA CITY, OK
КРКН	24	<u> </u>	OKLAHOMA CITY, OK
КОРХ	50	l	OKLAHOMA CITY, OK
KSBI	51	l	OKLAHOMA CITY, OK
KWET	8	E	CHEYENNE, OK
KWTV	9	N	OKLAHOMA CITY, OK
KNUT-DT2	19.2	I-M	OKLAHOMA CITY, OK
KOCB-DT2	33.2	I-M	OKLAHOMA CITY, OK
KOCB-DT3	33.3	I-M	OKLAHOMA CITY, OK
KOKH-DT2	24.2	I-M	OKLAHOMA CITY, OK
KOKH-DT3	24.2	I-M	OKLAHOMA CITY, OK
KWTV-DT2	9.2	I-M	OKLAHOMA CITY, OK

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC. 6235

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

Primary Transmitters: Radio

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

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	Ι ΔΜ ας ΓΝ4	e/D	LOCATION OF STATION	П	CALL SICK	ΛM 0= ΓM	6/D	LOCATION OF STATION
CALL SIGN	AW OF FM	S/D	LUCATION OF STATION	Н	CALL SIGN	AM OF FM	5/0	LOCATION OF STATION
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Accounting Perio	d: 2020/2						FORI	M SA1-2E. PAGE 5.			
Name	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#			
Name	CABLE ONE, INC.							6235			
ı	SUBSTITUTE CARRIAGE	_	_			ion. that voi	ır cable syster	m carried on a			
Substitute Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special	and During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Statement and											
Program Log											
	In General: List each subst			te line. Use abbreviations	s wherever po	ssible, if th	eir meaning is	s			
	clear. If you need more spa Column 1: Give the title	ce, please a of every no	add additional i nnetwork telev	rows to the tables. ision program ("substitute	· e program") th	at, during t	he accounting	g			
	period, was broadcast by a under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the ger	neral instruction	ons for furth	ner informatio	n.			
	Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the progran	Bulls."				xample, "I l	_ove Lucy" or				
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute progr	am.	ensed by th	ne FCC or, in				
	the case of Mexican or Can Column 5: Give the mon					,	with the mo	inth			
	first. Example: for May 7 give	•	wiich your sys	tem carried the substitute	, program. Os	C Humerais	s, with the mo	1101			
	Column 6: State the time to the nearest five minutes.							ely			
	stated as "6:00–6:30 p.m."	Example: c	r program oam	od by a system nom o.o.	1. 10 p.m. to 0.	20.00 p.iii.	Silouid Do				
	Column 7: Enter the letter to delete under FCC rules a				•		•				
	was substituted for program	-						i ai i i			
	effect on October 19, 1976.										
					WHI	EN SUBST	TITUTE				
	S	UBSTITUT	E PROGRAM		CARR	IAGE OC	CURRED	7. REASON FOR			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION			
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Accounting Period:	2020/2			FORM	SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.			;	SYSTEM ID
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 (as identified in space E) during the accounting period. For a further explanat 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 results.	system's se ion of how t	econdary transmi to compute this a	ssion service mount, see	09,454.86 (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	but less th	an \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$1:	37,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royall accounting period is \$52.00	ty fee that yo	ou must pay for thi	s six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add	lines 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	ESS (but m	ore than \$137,1	00)	
	Base amount under statutory formula	\$	263,800.00		
	Enter amount of gross receipts from space K	· <u> </u>			
	3. Subtract line 2 from line 1				
	Enter the amount of gross receipts from space K		· ·		
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	63,800 (but	less than \$527,	600)	
	Enter the amount of gross receipts from space K	\$	509,454.86		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	245,654.86		
	4. Multiply line 3 by .01		\$	2,456.55	
	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	• • • • • • • • • • • • • • • • • • • •	\$	3,775.55
	FILING FEE AND TOTAL REMITTANCE D	UE			
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,775.55	
Due	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			\$	3,795.55
	Important: Your remittance must be in the form of an electronic pa See page i of the general instructions in the paper SA				hts!

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE ONE, INC.	CABLE SYSTEM:				SYSTEM ID# 6235
M Channels	to its subscribers, and (2)	of channels on which on broadcast station of activated channels tem carried television	total numb	st stations	accounting period.	272
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			RMATION IS NEEDED (Identify an	individual to whom	
for Further Information		SON YEARWO			Telephone	602-364-6195
	(Number,	street, rural route, apartr NIX, AZ 85012- n, state, zip)	ment, or suite	number)		
	Email	emerson.yearwo	ood@cabl	eone.biz	Fax (optional 602-364-6013	i
O Certification	I, the undersigned, hereby (Owner other th (Agent of owner in line 1 o	certify that (Check or an corporation or p other than corpora f space B and that the	ne, but only artnership, ation or par e owner is r	ified and signed in accordance with vone, of the boxes.) I am the owner of the cable system rtnership) I am the duly authorized anot a corporation or partnership; or tion) or a partner (if a partnership) of	as identified in line 1 of space B	rstem as identified
		ment of account and l		lare under penalty of law that all state e, information, and belief, and are ma		
			Enter an el	/s/ Raymond Storck ectronic signature on the line above to ature using an "/s/ signature" (e.g., /s/		
		Typed or printed	name:	RAYMOND STORCK		
		Title:		RESIDENT position held in corporation or partnership)		
		Date:			February 25, 2021	

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ounting Period: 2020/2	FORM SA1-2E. PAGE 8.
CAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
BLE ONE, INC.	6235
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.	Receipts Exclusion
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	1
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.	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	

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