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 COPYRIG	Return completed workbook by email to:		
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.	
General instructions are located in the first tab of this workbook	2/25/2021	\$ ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	'YY/(Period))		

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20201 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/s/ SPARKLIGHT
		MAILING ADDRESS OF CABLE SYSTEM:
	2	3759 OLD STERLINGTON RD. (Number, street, rural route, apartment, or sulte number)
	_	MONROE, LA 71203
		(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 fing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#				
Name	CABLE ONE, INC. d/b/a/ SPARKLIGHT	8305				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete 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 home parks should be reported in parentheses below the identified city.					
Served						
	CITY OR TOWN	STATE				
First	QUITMAN	MS				
Community	STONEWALL	MS				
	ENTERPRISE	MS				
Add Rows as Necessary						

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID	
Name	CABLE ONE, INC. d/b/a/ SPARKLIGHT								830	
	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES									
E	In General: The information in s					sion se	rvice of the	e cable		
	system, that is, the retransmission									
Secondary	about other services (including p					st be th	ose existin	g on the		
Transmission Service: Sub-	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									
scribers and	down by categories of secondary						•			
Rates	each category by counting the nu									
	separately for the particular servi	ice at the rate i	ndicated—r	not the number o	of sets receivin	g servic	;e).	-		
	Rate: Give the standard rate c									
	unit in which it is generally billed. category, but do not include disc				indard rate var	ations	within a pa	rticular rate		
	Block 1: In the left-hand block				f secondarv tra	nsmiss	ion service	that cable		
	systems most commonly provide									
	that applies to your system. Note									
	categories, that person or entity					0,				
	subscriber who pays extra for ca					unt und	er "Service	to the		
	first set" and would be counted o Block 2: If your cable system h					at are d	lifferent fro	m those		
	printed in block 1 (for example, ti									
	with the number of subscribers a									
	sufficient.	-	0			•				
	BLO	DCK 1					BLOCK		T	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATEGORY	OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE	
	Residential:					-	-			
	Service to first set		155	\$40.00						
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel								1	
	Commercial		7	\$40.00						
	Converter		······	·····						
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIO	NS: RATES						
-	In General: Space F calls for rat				to all your cab	le syste	em's servic	es that were		
F	not covered in space E, that is, th					•				
0	service for a single fee. There ar	•		•			• • •			
Services Other Than	furnished at cost or (2) services									
Secondary		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								
Fransmissions:	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.									
Rates	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) descrip	tion and includ	e the rate f	or each.						
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEGOF	RY OF SERVICE	RA	E	CATEGO	ORY OF SERVICE	RATE	
	Continuing Services:		Installatio	n: Non-resident	tial					
		\$9-\$18.00	• Motel,	hotel			EXPAN	DED BASIC	54.00	
	• Pay cable		Comm	ercial			DIGITA	L FAM PLUS	13.00	
	Pay cable Pay cable—add'l channel						STARZ			
			• Pay ca	ble				FAMILIPAN	• • • • • • • • • • • • • • • • • • • •	
	• Pay cable—add'l channel		· ·	ble ble-add'l channe	el				18.00	
	Pay cable—add'l channel Fire protection		· ·	ble-add'l channe	el		SHOW		18.00 18.00	
	 Pay cable—add'l channel Fire protection Burglar protection 	\$40.00	• Pay ca • Fire pr	ble-add'l channe	el		SHOW		18.00 18.00 27.00	
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	\$40.00	• Pay ca • Fire pr	ble-add'l channe otection r protection	2]		SHOWT HBO TH	TIME UNLTD TE WORKS	18.00 18.00 27.00 18.00	
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 	\$40.00	• Pay ca • Fire pr • Burgla	ble-add'l channe otection r protection /ices:		90.00	SHOWT HBO TH HBO	TIME UNLTD TE WORKS	18.00 18.00 27.00 18.00	
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	\$40.00	• Pay ca • Fire pr • Burgla Other ser	ble-add'l channe otection r protection vices: nect		90.00	SHOWT HBO TH HBO	TIME UNLTD TE WORKS	18.00 18.00 27.00 18.00	
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	\$40.00	• Pay ca • Fire pr • Burgla Other ser • Recon • Discon	ble-add'l channe otection r protection vices: nect nect		90.00	SHOWT HBO TH HBO	TIME UNLTD TE WORKS	18.00 18.00 27.00 18.00 13.00	
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	\$40.00	• Pay ca • Fire pr • Burgla Other ser • Recon • Discon • Outlet	ble-add'l channe otection r protection vices: nect	\$	90.00	SHOWT HBO TH HBO	TIME UNLTD TE WORKS	18.00 18.00 27.00 18.00	

ame	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTE				
ame	CABLE ONE, INC. d/b/a/ SPARKLIGHT							
	PRIMARY TRANSMITTERS: TELEVISION							
G mary mitters: evision	 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, <i>except</i> (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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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, or a noncommercial educational station, by entering the letter "N" (for network, station, an independent station, or a noncommercial educational station, by entering the letter "N" (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							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WGBC	30	I	MERIDIAN, MS				
	WMAW	44	E	MERIDIAN, MS				
as Necessary	WMDN	24	Ν	MERIDIAN, MS				
	WTOK	11	Ν	MERIDIAN, MS				
		30	N-M					
	WGBC-2	50	14-141	MERIDIAN, MS				
	WGBC-2 WTOK-2	11	I-M	MERIDIAN, MS MERIDIAN, MS				
	WTOK-2	11	I-M	MERIDIAN, MS				
	WTOK-2	11	I-M	MERIDIAN, MS				
	WTOK-2	11	I-M	MERIDIAN, MS				
	WTOK-2	11	I-M	MERIDIAN, MS				
	WTOK-2	11	I-M	MERIDIAN, MS				
	WTOK-2	11	I-M	MERIDIAN, MS				
	WTOK-2	11	I-M	MERIDIAN, MS				
	WTOK-2	11	I-M	MERIDIAN, MS				
	WTOK-2	11	I-M	MERIDIAN, MS				
	WTOK-2	11	I-M	MERIDIAN, MS				
	WTOK-2	11	I-M	MERIDIAN, MS				
	WTOK-2	11	I-M	MERIDIAN, MS				
	WTOK-2	11	I-M	MERIDIAN, MS				

EGAL NAME OF	OWNER OF C	CABLE SY	/STEM:					SYSTEM II
CABLE ONE	, INC. d/b/a	N/ SPAF	RKLIGHT					83
	every radio s	tation ca	rried on a separate and discre				ied on an	Н
all-band basis whose signals were generally receivable by your cable system during the accounting period. 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: lo Column 2: S Column 3: lf ignal, indicate t Column 4: G	lentify the call tate whether t the radio stati this by placing ive the station	he statio ion's sigr a check n's locatio	each station carried. n is AM or FM. nal was electronically processo mark in the "S/D" column. on (the community to which the the community with which the	e station is licens	ed by the FCC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					·			

Accounting Perio							FOR	M SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#		
Name	CABLE ONE, INC. d/b/a	a/ SPARK	LIGHT					8305		
	SUBSTITUTE CARRIAGE				<u> </u>					
	In General: In space I, identi					on that your	cable system	n carried on a		
•	substitute basis during the ad									
Substitute	explanation of the programmi									
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE						
Special Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	broadcast by a distant stat	broadcast by a distant station?								
	Note: If your answer is "No'	. leave the	rest of this pag	e blank. If vour answer is	"Yes." vou m	ust complet	e the progra	ım		
	log in block 2.	,		,	····, / -····					
	2. LOG OF SUBSTITUTE	PROGRA	MS							
	In General: List each subst				wherever pos	ssible, if the	ir meaning i	S		
	clear. If you need more spa				program") the	at during th	a accounting	~		
	Column 1: Give the title period, was broadcast by a									
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the ger	eral instructio	ns for furth	er informatio	n.		
	Do not use general categor		vies" or "baske	tball." List specific progra	m titles, for ex	ample, "I L	ove Lucy" or			
	"NBA Basketball: 76ers vs. Column 2: If the program		lcast live enter	r "Yes " Otherwise enter "	No "					
	Column 3: Give the call									
	Column 4: Give the broa						e FCC or, in			
	the case of Mexican or Can Column 5: Give the mon						with the mo	nth		
	first. Example: for May 7 giv		when your sys		program. ood	s namerais,	with the me			
	Column 6: State the time							əly		
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carrie	ed by a system from 6:01	:15 p.m. to 6:2	28:30 p.m. s	should be			
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for progr	amming that	your system	n was <i>require</i>	ed		
	to delete under FCC rules a							ram		
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete und	er FCC rules a	and regulati	ons in			
					11			1		
						N SUBST				
	S		E PROGRAM	Г		AGE OCC		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. FROM	TIMES — TO			
		100 01 110	ONLE OIGH			11100	10			
							_			
							_			
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1					11		-			

Accounting Period:	2020/1	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a/ SPARKLIGHT	S	YSTEM ID# 8305
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	9,282.75
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 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this accounting period is \$52.00	s six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	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	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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 DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form for more information		sl

unting Period: 2020/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
BLE ONE, INC. d/b/a/ SPARKLIGHT	830
 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? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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	Q
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
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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Accounting Period:	2020/1					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: IC. d/b/a/ SPARKLIGHT				SYSTEM ID# 8305
M Channels	to its subscribers 1. Enter the tota system carried 2. Enter the tota on which the o	ou must give (1) the number o s, and (2) the cable system's t I number of channels on which d television broadcast stations I number of activated channels cable system carried televisior lcast services	7 121			
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accour		RMATION IS NEEDED (Identify an individual to whom		
for Further Information	Name	EMERSON YEARWOO	DD		Telephone	602-364-6195
	Address	210 E. EARLL DRIVE (Number, street, rural route, apartm	ent, or suite	a number)		
		PHOENIX, AZ 85012 (City, town, state, zip)				
	Email	EMERSON.YEA	RWOOD	CABLEONE.BIZ Fax (optional 6	02-364-601	3
O Certification	I, the undersigned	d, hereby certify that (Check one	, but only	ified and signed in accordance with Copyright Office re <i>one</i> , of the boxes.) I am the owner of the cable system as identified in line 1 of		
	(Agent	of owner other than corporati in line 1 of space B and that the	on or par owner is r	tnership) I am the duly authorized agent of the owner of the other a corporation or partnership; or ion) or a partner (if a partnership) of the legal entity identific	ne cable sys	tem as identified
	I have examined	e, and correct to the best of my		are under penalty of law that all statements of fact containe e, information, and belief, and are made in good faith.	ed herein	
			Enter an e	/s/ RAYMOND STORCK lectronic signature on the line above to certify this statement ature using an "/s/ signature" (e.g., /s/ John Smith)	nt.	
		Typed or printed r	name:	RAYMOND STORCK		
				RESIDENT position held in corporation or partnership)		
		Date:		February 25, 20)21	

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 fing, a determination that would be made by a court of law.

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