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						
8-26-21	\$					
	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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
	20211 Barcode Data Filing Period (optional - see instructions)							
Accounting Period								
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.							
Owner	List any other name or names under which the owner conducts the business of the cable system.							
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.							
Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	CABLE ONE, INC. BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)							
	PHOENIX, AZ 85012-2626							
	(City, town, state, zip)							
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.							
System	1 SPARKLIGHT							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 ISSS 20TH AVE Number street grad mate anathent or suite number)							
	SAFFORD, AZ 85546							
	(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:	2021/1								
	LEGAL NAME OF OWNER OF GARLE OVOTEN	FORM SA1-2E. PAGE 1b.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
	CABLE ONE, INC.	10577							
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.								
Area	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 Community	SAFFORD	AZ AZ							
Community	CLIFTON GRAHAM COUNTY	AZ AZ							
Add Davis on Nassassi	MORENCI	AZ AZ							
Add Rows as Necessary	PIMA	AZ							
	SOLOMON	AZ							
	SWIFT TRAIL	AZ							
	THATCHER	AZ							

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID# 10577

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.

BLO	OCK 1	BLOCK	(2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
Service to first set	1,316	42.00			
Service to additional set(s)					
 FM radio (if separate rate) 					
Motel, hotel	421	12.75			
Commercial	32	40.00			
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	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				
Continuing Services:		Installation: Non-residential			
Pay cable	17.00	Motel, hotel	90.00	EXPANDED BASIC	52.50
 Pay cable—add'l channel 	9.00	Commercial	90.00		
Fire protection		• Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	90.00	Burglar protection			
Additional set(s)	30.00	Other services:			
• FM radio (if separate rate)		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		 Move to new address 	30.00		

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

10577

PRIMARY TRANSMITTERS: TELEVISION

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 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
KASW	27	l	PHOENIX, AZ
KAZT	7	l	PHOENIX, AZ
KAZT-2	7	I-M	PHOENIX, AZ
KNXV	15	N	PHOENIX, AZ
КРНО	17	N	PHOENIX, AZ
KPNX	18	N	MESA, AZ
KSAZ	10	l	PHOENIX, AZ
KTAZ	29	l	PHOENIX, AZ
KTVK	24	l	PHOENIX, AZ
KTVW	33	l	PHOENIX, AZ
KUTP	26	l	PHOENIX, AZ
KAET	8	E	PHOENIX, AZ
KPNX-2	18	I-M	PHOENIX, AZ
KTAZ-2	29	I-M	PHOENIX, AZ
KPHO-2	17	I-M	PHOENIX, AZ
KAZT-4	7	I-M	PHOENIX, AZ
KTVK-2	24	I-M	PHOENIX, AZ
KTVK-4	24	I-M	PHOENIX, AZ
KASW-3	27	I-M	PHOENIX, AZ
КРРХ	31	l	PHOENIX, AZ
KTAZ-4	29	i-M	PHOENIX, AZ

Accounting Period: 2021/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC.

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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U.S. Copyright Office

Accounting Perio							FORM	I SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#		
Name	CABLE ONE, INC.							10577		
Substitute	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 system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage: Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and										
Program Log										
	log in block 2.	,		,	, , , , , , , , , , , , , , , , , , ,		pg			
	2. LOG OF SUBSTITUTE	PROGRA	MS							
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if the	eir meaning is	3		
	clear. If you need more spa	ice, please	add additional	rows to the tables.			· ·			
		•		ision program ("substitute	,		•	,		
	period, was broadcast by a under certain FCC rules, re									
	Do not use general categor	•								
	"NBA Basketball: 76ers vs.			1 1 3	,	. ,	,			
				r "Yes." Otherwise enter "						
		•		sting the substitute progra ne community to which the		nsed by th	e FCC or in			
	the case of Mexican or Can		,	•		-	C 1 OO 01, III			
	Column 5: Give the mor	nth and day		tem carried the substitute		,	, with the mo	nth		
	first. Example: for May 7 giv									
	to the nearest five minutes.			gram was carried by your				ly		
	stated as "6:00–6:30 p.m."	Litallipie.	a program cam	ed by a system nom o.o.	. 15 p.111. to 0.2	20.30 p.iii.	Siloulu be			
	•	er "R" if the	listed program	was substituted for progr	amming that y	our system	n was <i>require</i>	d		
	to delete under FCC rules a	•		· .				ram		
	was substituted for program effect on October 19, 1976.		our system wa	is permitted to delete und	er FCC rules a	and regulat	ions in			
	enection October 19, 1970.	•								
					WHE	N SUBST	ITUTE			
	S	UBSTITUT	E PROGRAM	Γ	CARRI	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. 1 FROM	TIMES — TO	BELETION		
		163 01 110	CALL SIGN	4. STATION S LOCATION	ANDDAT	TROW				
		 								
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ccounting Period:					SA1-2E. PAG				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.				SYSTEM 105				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file 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 explanar 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 is	system's tion of how	secondary transm to compute this a	ission service mount, see					
				(variount or	gross resemble)				
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 t	than \$527,600	63,800					
	BLOCK 1: GROSS RECEIPTS OF \$1	37,100 O	R LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that	you 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 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add	lines 1 and	12						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR L	ESS (but	more than \$137,	100)					
	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								
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$20	63,800 (b	ut less than \$527	,600)					
	Enter the amount of gross receipts from space K	\$	381,898.93	_					
	Base amount under statutory formula	\$	263,800.00	_					
	3. Subtract line 2 from line 1	\$	118,098.93	_					
	4. Multiply line 3 by .01		\$	1,180.99	_				
	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	\$	2,499.99				
	FILING FEE AND TOTAL REMITTANCE D	UE							
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		<u></u> \$	2,499.99	_				
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			\$	2,519.99				
	Important: Your remittance must be in the form of an electronic pa See page i of the general instructions in the paper SA				ghts!				

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name	CABLE ONE, INC.	F CABLE SYSTEM:				SYSTEM ID# 10577
M Channels	to its subscribers, and (2	t) the cable system's r of channels on which ion broadcast station r of activated channe	total num		e accounting period.	21
	and nonbroadcast sei	vices				201
N Individual to Be Contacted	INDIVIDUAL TO BE CO we can contact about thi			ORMATION IS NEEDED (Identify an	i individual to whom	
for Further Information	Name EMEF	RSON YEARWO	OOD		Telephone	602-364-6195
	(Number,	. EARLL DRIVE street, rural route, apart ENIX, AZ 85012 m, state, zip)	tment, or sui	ite number)		
	Email	emerson.yearw	ood@cal	bleone.biz	Fax (optional 602-364-601	3
	CERTIFICATION (This state	tement of account m	ust be ce	rtified and signed in accordance witl	n Copyright Office regulations)	
O Certification	• I, the undersigned, hereby	y certify that (Check o	one, <i>but on</i>	nly one, of the boxes.)		
	(Owner other the	nan corporation or p	oartnershi	ip) I am the owner of the cable systen	n as identified in line 1 of space E	3; or
				artnership) I am the duly authorized as not a corporation or partnership; or	agent of the owner of the cable s	ystem as identified
		tner) I am an officer (of space B.	(if a corpor	ration) or a partner (if a partnership) o	f the legal entity identified as owr	ner of the cable system
		orrect to the best of m	-	eclare under penalty of law that all stat dge, information, and belief, and are n		
			X	/s/ Raymond Storck	_	
				electronic signature on the line above t nature using an "/s/ signature" (e.g., /s		
		Typed or printed	d name:	RAYMOND STORCK		
		Title:		PRESIDENT Il position held in corporation or partnership)		
		Date:			August 27, 2021	

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ounting Period: 2021/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
BLE ONE, INC.	10577
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 so scribers 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 transmission made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below.	Special Statement Concerning Gross Receipts Exclusion
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 underpaymer. 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	L.1
Line 2 Multiply line 1 by the interest rate* and enter the sum here	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 plea contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ise
** 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, plea 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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