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									
Accounting	20211 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)									
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 IDENTIFICATION OF CABLE SYSTEM:									
	SPARKLIGHT									
	MAILING ADDRESS OF CABLE SYSTEM:									
	2 3000 N WESTWOOD BLVD. (Number, street, rural route, apartment, or suite number)									
	POPLAR BLUFF, MO 63902 (City, town, state, zip code)									
<u> </u>	[tony, omit dutie, tip dutie)									

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							
	I	FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	CABLE ONE, INC. d/b/a SPARKLIGHT Instructions: List each separate community served by the cable system. A "community served by the cable system."	30004						
D	separate and distinct community or municipal entity (including unincorporated communicorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser community." Please use it as the first community on all future filings.	unities within unincorporated areas and including single, discrete ve as a form of system identification hereafter known as the "first						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
	CITY OR TOWN	STATE						
First	ARGENTA	IL						
Community	OREANA	IL 						
	MACON COUNTY	IL						
Add Rows as Necessary								

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 30004

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.

BLG	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	95	\$40.00			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	5	\$40.50			
Converter					
 Residential 					
Non-residential					
		1		l	

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	\$9-\$18.00	Motel, hotel		EXTENDED BASIC	48.00
Pay cable—add'l channel		Commercial		DIGITAL FAM PLUS	16.00
Fire protection		• Pay cable		STARZ SUPER PAK	19.00
•Burglar protection		Pay cable-add'l channel		SHOWTIME UNLTD	19.00
Installation: Residential		Fire protection		HBO THE WORKS	27.00
First set	\$40.00	Burglar protection		CINEMAX	13.00
Additional set(s)		Other services:		HBO	19.00
FM radio (if separate rate)		Reconnect	\$25.00		
Converter		Disconnect			
		Outlet relocation			
		Move to new address	\$25.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID# 30004

CABLE ONE, INC. d/b/a SPARKLIGHT

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
WAND	17	N	DECATUR, IL
WBUI	22	l	DECATUR, IL
WCIA	48	N	CHAMPAIGN, IL
WCIX	11	N	SPRINGFIELD, IL
WEIU	50	E	CHARLESTON, IL
WICS	42	N	SPRINGFIELD, IL
WILL	9	E	URBANA, IL
WRSP	44	l	SPRINGFIELD, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

30004

CABLE ONE, INC. d/b/a SPARKLIGHT

Н

Primary Transmitters: Radio

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.

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	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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Accounting Perio		OADI E OVO	FEN.4				FOR	RM SA1-2E. PAGE 5.		
Name	CABLE ONE, INC. d/b/a							SYSTEM ID# 30004		
	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.									
Substitute Carriage:					e general instr	uctions in	the paper SA	1-2 IOIM.		
Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Statement and										
Program Log	broadcast by a distant stat	tion?					YES	NO		
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	log in block 2.									
	2. LOG OF SUBSTITUTE									
	In General: List each subst clear. If you need more spa				wherever pos	ssible, if th	neir meaning	is		
		of every no distant stat	nnetwork televion and that yo	rision program ("substitute our cable system substitute	ed for the prog	gramming	of another st	ation		
	Do not use general categor "NBA Basketball: 76ers vs.	ies like "mo Bulls."	vies" or "baske	etball." List specific progra	m titles, for ex					
	Column 3: Give the call	sign of the	station broadca	er "Yes." Otherwise enter "l asting the substitute progra he community to which the	am.	ensed by t	he FCC or, in	1		
	the case of Mexican or Can									
	Column 5: Give the mon first. Example: for May 7 gives	,	when your sys	tem carried the substitute	program. Use	e numeral:	s, with the mo	onth		
	. , ,		substitute pro	gram was carried by your	cable system	. List the t	imes accurat	ely		
	to the nearest five minutes.	Example: a	a program carr	ied by a system from 6:01	:15 p.m. to 6:2	28:30 p.m	. should be	•		
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	amming that v	our syste	m was requir	ed		
	to delete under FCC rules a					-	•			
	was substituted for program		our system wa	as permitted to delete und	er FCC rules a	and regula	ations in			
	effect on October 19, 1976.									
					WHE	N SUBS	TITUTE			
	S	UBSTITUT	E PROGRAM	<u> </u>	CARRI	AGE OC		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	BEELTION		
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Accounting Period:	2021/1	FORM SA	A1-2E. PAGE						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT	S	YSTEM ID 3000						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entrall amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this at 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.	ssion service mount, see	85516.44 2,152.28 pas 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 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.	63,800							
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for thi 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								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)							
	1. Base amount under statutory formula	·							
	2. Enter amount of gross receipts from space K	<u>.</u>							
	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)								
	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	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 informati		its!						

Accounting Period: 2	2021/1					FORM SA1-2E. PAGE 7.		
Name		WNER OF CABLE SYSTEM: C. d/b/a SPARKLIGHT				SYSTEM ID# 30004		
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 1. The company of the number of channels on which the cable system carried television broadcast stations and nonbroadcast services.							
N Individual to Be Contacted	we can contact a	bout this statement of accour	nt.)	MATION IS NEEDED (Identify an in				
for Further Information	Name Address	210 E. EARLL DRIVE (Number, street, rural route, apartm		unahari.	Telephone	602-364-6195		
		PHOENIX, AZ 85012 (City, town, state, zip)		ander)				
	Email	EMERSON.YEA	ARWOOD@	DCABLEONE.BIZ	Fax (optional <u>602-364-601</u>	3		
0	CERTIFICATION (This statement of account mu	st be certified	ed and signed in accordance with Co	opyright Office regulations)			
Certification		I, hereby certify that (Check on other than corporation or pa		ne, of the boxes.) am the owner of the cable system as	s identified in line 1 of space B	; or		
				nership) I am the duly authorized age ot a corporation or partnership; or	ent of the owner of the cable sy	rstem as identified		
		r or partner) I am an officer (if in line 1 of space B.	a corporation	n) or a partner (if a partnership) of the	e legal entity identified as owne	er of the cable system		
		e, and correct to the best of my		re under penalty of law that all statem information, and belief, and are made				
			X /s	s/ RAYMOND STORCK				
		- 0		ctronic signature on the line above to c ure using an "/s/ signature" (e.g., /s/ Jo				
		Typed or printed	name: R	RAYMOND STORCK				
		Title:		RESIDENT sition held in corporation or partnership)				
		Date:			August 27, 2021			

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counting Period: 2021/1		FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
ABLE ONE, INC. d/b/a SPARKLIGHT		30004
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Coplowing sentence: "In determining the total number of subscribers and the gross amounts paid to the service of providing secondary transmissions of primary broadcast transmitters, the scribers and amounts collected from subscribers receiving secondary transmission. For more information on when to exclude these amounts, see the note on page (vii) of the located in the paper SA1-2 form.	cable system for the basic e system shall not include sub- spursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	s for secondary transmissions	
Name Mailing Address Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a la For an explanation of interest assessment, see page (viii) of the general instructions locate. Line 1 Enter the amount of late payment or underpayment		Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	xdays	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	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	\$ - (interest charge)	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	For further assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day	y late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted t list below the owner, address, first community served, ID number, and accounting period a Owner		
Address		
ID number First community served Accounting period		

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