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					
2/28/22	\$ 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

	1								
Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
Accounting		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		<b>UCTIONS:</b> 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	1 1 1	DENTIFICATION OF CABLE SYSTEM:  SPARKLIGHT							
		MAILING ADDRESS OF CABLE SYSTEM:							
		2229 BROADWAY Number, street, rural route, apartment, or suite number)							
		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:	2021/2	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.	FORM SA1-2E. PAGE 1b.  SYSTEM ID#  10477
<b>D</b>	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor	"community" is the same as a "community unit" as defined in FCC rules: porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known e filings.
Served		
First Community	CITY OR TOWN CHANUTE	STATE KS
Add Rows as Necessary		

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

10477

# Ε

### Secondary Transmission Service: Subscribers and Rates

## SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
<ul> <li>Service to first set</li> </ul>	485	40.00	DORMITORY	152	8.00	
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel	2	10.50				
Commercial	29	8.00-15.00				
Converter						
Residential						
Non-residential						
		<b>†</b>				

# 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	15.00-17.00	Motel, hotel		EXPANDED BASIC	55.75
Pay cable—add'l channel	15.00-17.00	Commercial	50.00-200.00	DIGITAL ACCESS	5.00
Fire protection		• Pay cable	COST		
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
• First set	90.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	60.00	Other services:			
• FM radio (if separate rate)		Reconnect	90.00		
Converter		Disconnect			
		Outlet relocation	60.00		
		<ul> <li>Move to new address</li> </ul>	30.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 10477

CABLE ONE, INC.

G

### Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

• Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KFJX-1	13	<u> </u>	PITTSBURG, KS/JOPLIN, MO
KSNF-2	17	I-M	JOPLIN, MO
KOAM	7	N	PITTSBURG, KS/JOPLIN, MO
KODE	23	N	JOPLIN, MO
KSNF	17	N	JOPLIN, MO
KTWU	11	E	TOPEKA, KS
KFJX-2	13	I-M	PITTSBURG, KS/JOPLIN, MO
KOAM-SIMUL	7	N	PITTSBURG, KS/JOPLIN, MO
KTWU-SIMUL	11	E	TOPEKA, KS
KODE-SIMUL	23	N	JOPLIN, MO
KFJX-SIMUL	13	<u> </u>	PITTSBURG, KS/JOPLIN, MO
KSNF-SIMUL	17	N	JOPLIN, MO
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		111111111111111111111111111111111111111	
		111111111111111111111111111111111111111	
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Accounting Period: 2021/2 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
KANU	FM	Х					
KBEQ	FM	X X					
KCFX	FM	Х				l	
KCMO	FM	X				l	
KCMW	FM	X X					
KCUR	FM	Х					
KIKS	FM	X				l	
KINZ	FM	X X					
KKOY	FM	Х				l	
KMAJ	FM	Х				l	
KXTR	FM	Х				l	
KYYS	FM	Х				l	
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Accounting Perio	nd: 2021/2						EOD	M SA1-2E. PAGE 5.
Accounting Ferro	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FOR	SYSTEM ID#
Name	CABLE ONE, INC.							10477
					_			
	SUBSTITUTE CARRIAG	_	_					
•	<b>In General:</b> 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							
Substitute	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 Statement and	I' Duffid the accounting benod, did your cable system carry, on a substitute basis, any nonnetwork television broun							
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No	", leave the	rest of this pa	age blank. If your answer is	s "Yes," you r	nust com	plete the pro	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI		_	. (			u	
	In General: List each subs clear. If you need more spa				s wnerever po	ossidie, it	their meanin	ig is
	Column 1: Give the title	of every no	nnetwork tele	vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.		deast live ont	er "Yes." Otherwise enter "	No."			
				er Tes. Otherwise enter easting the substitute progr				
				the community to which the			the FCC or,	, in
	the case of Mexican or Car			e community with which the stem carried the substitute			als with the	month
	first. Example: for May 7 gi	ve "5/7."						
	<b>Column 6:</b> State the tim to the nearest five minutes.			ogram was carried by your				
	stated as "6:00–6:30 p.m."	. схаттріс.	a program can	ned by a system from 0.0 i	. 10 p.m. to 0	.20.00 p.i	iii. Siloulu bc	
				n was substituted for progr				
	to delete under FCC rules a was substituted for prograr							rogram
	effect on October 19, 1976	•	, ,	,		3		
					WHE	N SUBS	TITLITE	
	S	UBSTITUT	E PROGRAM	1			CURRED	7. REASON FOR
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>	
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Accounting Period:	2021/2				A1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.			S	YSTEM ID 1047			
<b>K</b> 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 explanal 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 in	system's tion of how	secondary tra v to compute	ansmission service this amount, see	6,006.39			
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	than \$527,60					
	BLOCK 1: GROSS RECEIPTS OF \$13'	7,100 OR	LESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	•	,		1			
	Line 1. Royalty fee for accounting period				0.00			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add	lines 1 and	4.2					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE							
	Base amount under statutory formula	•						
	Enter amount of gross receipts from space K	\$	216,006.3	9_				
	3. Subtract line 2 from line 1	\$	47,793.6	i <u>1</u>				
	4. Enter the amount of gross receipts from space K		. \$	216,006.39				
	5. Enter the amount from line 3		. \$	47,793.61				
	6. Subtract line 5 from line 4		\$	168,212.78				
	7. Multiply line 6 by .005 (enter figure here)			\$	841.06			
	8. Interest charge. Enter the amount from line 4, space Q, page 8			· · · <u> </u>	0.00			
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8 .		\$	841.06			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)							
	Enter the amount of gross receipts from space K							
	Base amount under statutory formula			10				
	3. Subtract line 2 from line 1							
	4. Multiply line 3 by .01							
	Royalty due on the first \$263,800 of gross receipts (under statutory formula).							
	6. Interest charge. Enter the amount from line 4, space Q, page 8							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4, 5, and	· · · · · · · · · · · · · · · · · · ·	••				
	FILING FEE AND TOTAL REMITTANCE DU	JE						
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	841.06				
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			\$	861.06			
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1			•	ghts!			

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.				
Name	CABLE ONE, I	OWNER OF CABLE SYSTEM: NC.			SYSTEM ID# 10477				
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			12				
	on which the ca	number of activated channels able system carried television ast services	broadcast stations		233				
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accour	IER INFORMATION IS NEEDED (Identify nt.)	an individual to whom					
for Further	Name	JENAE HECK		Telephone 60	2-364-6092				
illomation	Address	210 E. EARLL DRIVE (Number, street, rural route, apartr							
	***************************************	PHOENIX, AZ 85012 (City, town, state, zip)	-2626						
	Email	JENAE.HECK@	CABLEONE BIZ	Fax (optional) 602-364-6013					
	CERTIFICATION	(This statement of account me	ust be certified and signed in accordance	with Copyright Office regulations)					
O Certification	• I, the undersigne	ed, hereby certify that (Check or	ne,but only one, of the boxes.)						
	(Owne	r other than corporation or pa	artnership) I am the owner of the cable syst	em as identified in line 1 of space B; o	or				
			tion or partnership) I am the duly authorize wner is not a corporation or partnership; or	d agent of the owner of the cable sys	tem as identified				
		er or partner) I am an officer (if ine 1 of space B.	f a corporation) or a partner (if a partnership)	of the legal entity identified as owner	r of the cable system				
		e, and correct to the best of my	nereby declare under penalty of law that all s knowledge, information, and belief, and are						
			X /s/ Raymond Storck						
			Enter an electronic signature on the line abov Enter signature using an "/s/ signature" (e.g.,						
		Typed or printed	name: RAYMOND STORCK						
			VICE PRESIDENT  fficial position held in corporation or partnership)						
		Date:		February 28, 2022					

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ounting Period:	2021/2	FORM SA1-2E. PAGE 8
AL NAME OF OW	/NER OF CABLE SYSTEM:	SYSTEM ID#
BLE ONE, IN	C.	10477
The Satellite Howing sentence "In dete	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the folce:  ermining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include subsand amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	Special Statement Concerning Gross
	mation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form.	Receipts Exclusion
-	counting period, did the cable system exclude any amounts of gross receipts for secondary transmissions lite carriers to satellite dish owners?	
X NO		
YES. Ente	er the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
	ASSESSMENT	
	uplete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ation 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 Multipl	ly line 1 by the interest rate* and enter the sum here	
	x days	
Line 3 Multipl	ly line 2 by the number of days late and enter the sum here	
,	x 0.00274	
•	ly line 3 by 0.00274** and enter here	
in spac	ce L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
	the interest rate chart click on <a href="https://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is th	he decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you a	are filing this worksheet covering a statement of account already submitted to the Copyright Office, please owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner		
Address		
ID number		
First communi	ty served	
Accounting pe		

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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.