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

Return completed workbook

STATEM	ENT OF ACCOUNT	FOR COPYRIG	by email to:				
	ary Transmissions by	DATE RECEIVED	AMOUNT				
Cable Syste	ems (Short Form)	2/28/22	\$	Coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at:			
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: () Period 1 = January 1 - June 30	ALLOCATION NUMBER	Tel: (202) 707-8150			
Accounting Period	20212	Barcode Data Filing Period (optiona	al - see instructions)				
B Owner	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. 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 filin						
	CABLE ONE, INC.						
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	IT)				
	MAILING ADDRESS OF OWNER O 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite PHOENIX, AZ 85012-2626 (City, town, state, zip)	number)					
С	INSTRUCTIONS: In line 1, give any bus names already appear in space B. In line						
System	1 IDENTIFICATION OF CABLE SYSTEM: SPARKLIGHT	-					
	MAILING ADDRESS OF CABLE SYSTEM 2600 DAVIS BLVD. (Number, street, rural route, apartment, or suite)						
	MIAMI, OK 64804 (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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CABLE ONE, INC.	14553
D	Instructions: List each separate community served by the cable system. A "commu" a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you 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 mobil	communities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	identified city.	
	CITY OR TOWN	STATE
First	МІАМІ	ОК
Community	COMMERCE	OK
	NORTH MIAMI	OK
Rows as Necessary	OTTAWA	OK

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS ⁻	2E. PAGE		
Name	CABLE ONE, INC.								1455		
E	SECONDARY TRANSMISSION In General: The information in s					rv transmission :	service of	he cable			
	system, that is, the retransmission	•		-		•					
Secondary	about other services (including p	, , ,					those exist	ing on the			
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hlo avetor	brokon			
scribers and	down by categories of secondar						,	,			
Rates	each category by counting the n			0 / 1		•					
	separately for the particular serv					•	,				
	Rate: Give the standard rate of unit in which it is generally billed	-	-					-			
	category, but do not include disc	· ·		,	ing stande		5 Within a				
	Block 1: In the left-hand block										
	systems most commonly provide										
	that applies to your system. Not categories, that person or entity			-		-					
	subscriber who pays extra for ca						•				
	first set" and would be counted of										
	Block 2: If your cable system printed in block 1 (for example, t	-									
						,		, 0			
	with the number of subscribers and rates, in the right-hand block. A two- or three-word descript sufficient.										
	BLO			BLOCK							
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	TEGORY OF SERVICE		NO. OF SUBSCRIBERS	RAT		
	Residential:	CODOCIND		TUTE	0,11			COBCONIBENC			
	Service to first set		1,041	40.00	RESID	DENTIAL			28.		
	 Service to additional set(s) 				HOSPI	TAL	88	8.			
	• FM radio (if separate rate)				DORM			438	10.		
	Motel, hotel		2	7.50-15.00							
	Commercial		71	35.00-72.00							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC			SSIONS: RATE	s						
-	In General: Space F calls for ra				-	all your cable sys	stem's serv	vices that were			
F	not covered in space E, that is, t										
Services	service for a single fee. There and furnished at cost or (2) services	•			0						
Other Than	amount of the charge and the ur										
Secondary	enter only the letters "PP" in the	rate column.				-		C I			
ransmissions:	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										
Rates	Block 2: List any services that your cable system turnished 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.										
		BLO	CK 1					BLOCK 2			
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	DRY OF SERVICE	RAT		
	Continuing Services:			ation: Non-res							
	• Pay cable	17.07	• Mo	otel, hotel		90.00	TIER		55.		
	 Pay cable—add'l channel 	9.00-12.00	۰Co	ommercial		50.00-200.00					
	Fire protection		•Pa	iy cable							
	 Burglar protection 			iy cable-add'l ch	annel						
	Installation: Residential			e protection							
	• First set	90.00		irglar protection							
	Additional set(s)	30.00		services:							
	• FM radio (if separate rate)			econnect		90.00					
	Converter		• Dis	sconnect							
			. ^	that raises the m		20 00 00					
				utlet relocation	955	3060.00 30.00					

ccounting Period:				FORM SA1-2E. PAGE 3.					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID# 14553					
	CABLE ONE, INC. 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, <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 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.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KFJX-1	13	I	PITTSBURG, KS					
	KOAM-1	7	Ν	PITTSBURG, KS					
Rows as Necessary	KODE	23	N	JOPLIN, MO					
	KOED	11	Е	TULSA, OK					
	KOZJ	35	Ε	JOPLIN, MO					
	KSNF	17	N	JOPLIN, MO					
	KFJX-2	13	I-M	PITTSBURG, KS					
	KOAM-SIMUL	7	N	PITTSBURG, KS					
	KODE-SIMUL	23	Ν	JOPLIN, MO					
	KFJX-SIMUL			JOPLIN, MO					
	KSNF-SIMUL	17	N	JOPLIN, MO					
	KOZJ-SIMUL	35	E	JOPLIN, MO					

LEGAL NAME OF		CABLE S	YSTEM:					SYSTEM ID 1455
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recein t the Co sign of the he static ion's sign g a chech n's locati	I-Band FM Carriage: Under (stem whenever it is received a wed at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's h system's FM an this point, see p sed by the cable ne station is lice	eadend, and (2 tenna, during c age (v) of the c system as a se	2) it can certain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
						ļ		

Accounting Perio	od: 2021/2						FORM	I SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#			
Name	CABLE ONE, INC.							14553			
	SUBSTITUTE CARRIAG)G						
1		-	-			tion that vo	ır cable sve	tem carried on a			
•	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										
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:	I. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special	 During the accounting per 	riod, did you	ur cable syster	m carry, on a substitute ba	asis, any non	network tele	vision prog	ram			
Statement and Program Log	broadcast by a distant sta	tion?	-			Г	YES	× NO			
Frogram Log					<i>(</i>) <i>(</i>)		-				
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you	must comple	ete the prog	ram			
	log in block 2.										
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Lise abbreviation	s whorever n	ossible if th	oir moaning	n ie			
	clear. If you need more spa				s wherever p		en meaning	J 15			
				vision program ("substitute	e program") t	hat, during	he account	ing			
	period, was broadcast by a										
	under certain FCC rules, re	egulations, o	or authorizatio	ns. See page (v) of the ge	eneral instruc	tions for furt	her informa	tion.			
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for	example, "I	Love Lucy	or			
			dcast live. ent	er "Yes." Otherwise enter	"No."						
				asting the substitute prog							
				the community to which th			he FCC or,	in			
	the case of Mexican or Car							41-			
	first. Example: for May 7 gi	,	when your sy	stem carried the substitute	e program. U	se numerais	s, with the h	nonth			
			e substitute pr	ogram was carried by you	ır cable svste	m. List the t	imes accura	atelv			
	to the nearest five minutes										
	stated as "6:00–6:30 p.m."										
				n was substituted for prog							
	to delete under FCC rules was substituted for prograr							ogram			
	effect on October 19, 1976		your system w			s and regule					
					W/HE	N SUBSTI					
	s	UBSTITUT	E PROGRAM	1	CARRIAGE OCCURRED 7. F			7. REASON FOR			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. T	MES	DELETION			
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то				
						-					
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Accounting Period:	2021/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.			ę	8YSTEM ID# 14553
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatic 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	ystem's see	condary transm compute this a	ission service amount, see \$ 20	
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 f Use block 3 if the amount of gross receipts in space K is more than \$263,800 f See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less that	n \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	, ,			
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	ues 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	260,559.80		
	3. Subtract line 2 from line 1	\$	3,240.20		
	4. Enter the amount of gross receipts from space K		\$ 2	260,559.80	
	5. Enter the amount from line 3		\$	3,240.20	
	6. Subtract line 5 from line 4		\$ 2	257,319.60	
	7. Multiply line 6 by .005 (enter figure here)			\$	1,286.60
	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		\$	1,286.60
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but l	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula	\$	263,800.00		
	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 DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,286.60	
Due	2. 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			\$	1,306.60
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7	
Name	LEGAL NAME OF	OWNER OF CABLE SYSTEM: INC.				SYSTEM ID# 14553	
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						
N Individual to Be Contacted		O BE CONTACTED IF FURTH about this statement of accourt		ED (Identify an individual t	to whom		
for Further Information	Name Address	JENAE HECK 210 E. EARLL DRIVE (Number, street, rural route, apart			Telephone 602	-364-6092	
		PHOENIX, AZ 85012 (City, town, state, zip)	•				
	Email	JENAE.HECK@	CABLEONE.BIZ	Fax (c	ptional) 602-364-6013		
O Certification	I, the undersig (Ow (Age i X (Off i i I have examin are true, compl	N (This statement of account mined, hereby certify that (Check of the other other than corporation or present of owner other than corporation or present of space B and that the criticer or partner) I am an officer (In line 1 of space B. ed the statement of account and stee, and correct to the best of my tion 1001(1986)]	artnership) I am the owner of the boxes.) artnership) I am the owner of the transmitted of the owner of the transmitted of the owner is not a corporation or parties if a corporation) or a partner (if a hereby declare under penalty o	ne cable system as identif luly authorized agent of th tnership; or a partnership) of the legal f law that all statements of	ied in line 1 of space B; or e owner of the cable system entity identified as owner o fact contained herein		
			X /s/ Raymond St Enter an electronic signature on Enter signature using an "/s/ sign	the line above to certify th			
			name: RAYMOND ST				
		Date:					

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The Satellite Home V lowing sentence: "In determinin service of pro		SYSTEM ID 1455
SPECIAL STATE The Satellite Home V lowing sentence: "In determinin service of pro		1455
The Satellite Home V lowing sentence: "In determinin service of pro		
For more information located in the paper S During the accounting made by satellite carr	MENT CONCERNING GROSS RECEIPTS EXCLUSIONS iewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- g the total number of subscribers and the gross amounts paid to the cable system for the basic viding secondary transmissions of primary broadcast transmitters, the system shall not include sub- imounts collected from subscribers receiving secondary transmissions pursuant to section 119." on when to exclude these amounts, see the note on page (vii) of the general instructions SA1-2 form. g period, did the cable system exclude any amounts of gross receipts for secondary transmissions iers to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address	
For an explanation of	his worksheet for those royalty payments submitted as a result of a late payment or underpayment. interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
Line 2 Multiply line 1	by the interest rate* and enter the sum here	-
Line 3 Multiply line 2	by the number of days late and enter the sum here x 0.00274	_
	by 0.00274** and enter here age 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
	rest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please nsing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the deci	mal equivalent of 1/365, which is the interest assessment for one day late.	
	g this worksheet covering a statement of account already submitted to the Copyright Office, please address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address		
ID number First community serve Accounting period	ed	

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