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.

I

SA1-2E Short Form

Return completed workbook

STATEME	ΕΝΤ	OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	by email to:
for Seconda	ry Tr	ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
Cable Syste	ms (Short Form)			
			2/28/22	\$	For additional information, contact the U.S. Copyright
General instru			2/20/22		Office Licensing Division at:
in the first tab	of this	s workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
_					
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
			Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		2021/2	renou i – January i - June So	Fendu z – Suly i - December Si	
		20212	Barcode Data Filing Period (optional	- see instructions)	
Accounting					
Accounting Period					
	-	Instructions:			
В		Give the full legal name of the owner of th		idiary of another corporation, give the full c	orporate
В		title of the subsidiary, not that of the pare	nt corporation.		
Owner		List any other name or names under which	n the owner conducts the business of t	he cable system.	
		If there were different owners during the	accounting period, only the owner on t	the last day of the accounting period should	l submit a
		single statement of account and royalty fe			
		Check here if this is the system's first filing	. If not, enter the system's ID number	assigned by the Licensing Division.	15150
		LEGAL NAME OF OWNER/MAILING	GADDRESS OF CABLE SYSTEM		
			-		
		CABLE ONE, INC. d/b/a SPARKLIGH		n	
		BUSINESS NAME(S) OF OWNER OF	CABLE STSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite nu	mber)		
		PHOENIX, AZ 85012			
		(City, town, state, zip)			
С		RUCTIONS: In line 1, give any busin s already appear in space B. In line			
System	hamo	IDENTIFICATION OF CABLE SYSTEM:			
oyotom	1	SPARKLIGHT			
		MAILING ADDRESS OF CABLE SYSTEM:			
		604 E NATIONAL AVENUE			
	2	(Number, street, rural route, apartment, or suite nu	mber)		
		BRAZIL, IN 47834 (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.

Norre	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	CABLE ONE, INC. d/b/a SPARKLIGHT	1515
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.	communities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	e home parks should be reported in parentheses below the
First	CITY OR TOWN COVINGTON	STATE IN
Community	VEEDERSBURG	IN IN
	FOUNTAIN COUNTY	IN
ld Rows as Necessary		
	กลายการการการการการการการการการการการการการก	
	กลายการการการการการการการการการการการการการก	

	T							FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	
	CABLE ONE, INC. d/b/a	SPARKLIG	ΗT						1515
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND R	ATES				
E	In General: The information in s	•		-		•			
Cocondom	system, that is, the retransmission								
Secondary Transmission	about other services (including particular to a service of the accounting period						Inose exist	ing on the	
Service: Sub-	Number of Subscribers: Bot						ble system	, broken	
scribers and	down by categories of secondar	-					•		
Rates	each category by counting the n			0) (,	charged	
	separately for the particular serv					•	,	na and the	
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•			-		
	category, but do not include disc	· ·	,		ny stanua		is within a		
	Block 1: In the left-hand block				ries of sec	ondary transmi	ssion servi	ce that cable	
	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						idel Selvi		
	Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t	iers of services	s that ind	lude one or m	ore secon	dary transmissi	ons), list th	em, together	
	with the number of subscribers a	and rates, in th	e right-h	and block. A tv	vo- or thre	e-word descript	ion of the s	service is	
	sufficient.	DCK 1					BLOCK	· •	
		NO. OF					BLUCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		193	\$42.00					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		9	\$56.00					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra		,		•				
•	not covered in space E, that is, t service for a single fee. There a					,	,		
Services	furnished at cost or (2) services	•			•				
Other Than	amount of the charge and the ur		usually	billed. If any ra	ates are ch	narged on a vari	able per-p	rogram basis,	
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard rate Block 2: List any services that			-				were not	
Rates	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
	, , .	BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-res			0,1120		
	• Pay cable	7.00-15.00	• Mot	el, hotel			EXPAN	DED BASIC	52.5
	• Pay cable—add'l channel			nmercial				L FAM PLUS	16.0
	Fire protection			cable				SUPER PAK	19.0
	•Burglar protection			cable-add'l ch	annel				19.0
	Installation: Residential		-	protection			CINEM		19.0
	* First set	\$100.00		glar protection			НВО		19.0
	Additional set(s)			ervices:					
	• FM radio (if separate rate)			onnect		\$30.00			
	, , ,					400.00			
	Converter		• 1 11 07	connect					
	Converter			connect let relocation		\$30.00			
	• Converter		• Out	connect let relocation ve to new addr	222	\$30.00 \$30.00			

unting Period:	-			FORM SA1-2E. PAC
Name				SYSTEM 151
	CABLE ONE, INC. d/k			
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations	dentify every television station (including em during the accounting period, <i>except</i> s in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca	<i>t</i> (1) stations carried only on a par he carriage of certain network pro 61(e)(2) and (4))]; and (2) certain s	rt-time basis under grams [sections stations carried on a
	Do not list the station her station was carried only or List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann	l also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	ed both on a substitute basis and a , see page (v) of the general instru program services such as HBO, E e-air designation. For example, re	lso on some other actions. SPN, etc. Identify each eport multistream
	Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	ch case whether the station is a network tering the letter "N" (for network), "N-M" (), "E" (for noncommercial educational), o terms, see page (iv) of the general instru on of each station. For U.S. stations, list	(for network multicast), "I" (for inde or "E-M" (for noncommercial educa uctions in the paper SA1-2 form. t the community to which the static	ependent), "I-M" ational multicast). on is licensed by the
	FCC. For Mexican or Cana	adian stations, if any, give the name of the stations of the stations of the station of the stationary	the community with which the station 3. TYPE OF STATION	on is identified. 4. LOCATION OF STATION
	WHMB	20	I	INDIANAPOLIS, IN
ows as Necessary	WISH	9	N	INDIANAPOLIS, IN
	WRTV	25	N	INDIANAPOLIS, IN
	WTHR	13	N	INDIANAPOLIS, IN
	WTTV	27	N	BLOOMINGTON, IN
	WXIN	45	I	INDIANAPOLIS, IN
	WFYI	21	E	INDIANAPOLIS, IN
	WISH-SIMUL	9	Ν	INDIANAPOLIS, IN
	WNDY	32	I	MARION, IL
	WXIN-DT3	45	I	INDIANAPOLIS, IN
	WTTV-DT2	48	I	BLOOMINGTON, IN
	WRTV-SIMUL	25	N	INDIANAPOLIS, IN
	WTTV-SIMUL	27	N	BLOOMINGTON, IN
	WXIN-SIMUL	45		INDIANAPOLIS, IN
	WTHR-SIMUL	13	N	INDIANAPOLIS, IN
	WFUI-SIMUL	21	E	INDIANAPOLIS, IN
	MI OF CHIEL			

EGAL NAME OF	F OWNER OF O	CABLE S	SYSTEM:					SYSTEM ID
CABLE ONE	, INC. d/b/a	a SPAF	RKLIGHT					1515
PRIMARY TRA								
			arried on a separate and discr					н
ali-dalio dasis v	mose signais	were ge	enerally receivable by your cat	bie system dunnę	ine accountin	ig perio	J.	
-		-	II-Band FM Carriage: Under (-	-		Primary
			stem whenever it is received a ived at the headend, with the					Transmitters: Radio
	-		opyright Office regulations on	•	-			Ruulo
paper SA1-2 for					0 ()			
			each station carried.					
			on is AM or FM. nal was electronically process	and by the cable	evetem as a s	onarato	and discrete	
			k mark in the "S/D" column.	sed by the cable	system as a s	eparate		
			ion (the community to which th	ne station is licer	sed by the FC	C or, in	the case of	
Mexican or Can	adian stations	s, if any,	the community with which the	e station is identil	ied).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ONEL OIGH	7101011101	0,0		O/ LE OIGIN		0,0		

Accounting Perio	od: 2021/2						FO	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CABLE ONE, INC. d/b/	a SPARK	LIGHT					15150
	SUBSTITUTE CARRIAGI			NT AND PROGRAM I O)G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor	nnetwork televi eriod, under sp	<i>sion program,</i> broadcast by ecific present and former F	y a <i>distant</i> sta FCC rules, reg	ulations, d	or authorizat	ions. For a further
Carriage:	1. SPECIAL STATEMEN				ano gonorar inc			
Special	During the accounting per	-			asis anv nonr	network te	evision pro	oaram
Statement and	broadcast by a distant sta			rouny, on a substitute bu	iolo, any nom			
Program Log	,						YES	NO
	Note: If your answer is "No	", leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust com	plete the pr	ogram
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subs			ate line. Use abbreviation	s wherever n	ossible if	their mean	ina is
	clear. If you need more spa				s wherever p	0351010, 11		
	Column 1: Give the title	of every no	onnetwork telev	vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	guiations, c ries like "mc	or authorization	etball " List specific progra	am titles for e	example	Inther Inform "I I ove I uc	nation. v" or
	"NBA Basketball: 76ers vs.						. 2010 200	<i>y</i> 0.
				er "Yes." Otherwise enter				
				asting the substitute prog he community to which th		censed by	/ the FCC o	or in
	the case of Mexican or Car							.,
		•	when your sys	stem carried the substitute	e program. U	se numer	als, with the	e month
	first. Example: for May 7 giv		e substitute pr	ogram was carried by you	ır cahla sveta	m lietth	a times acc	urately
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."							
				n was substituted for prog				
	to delete under ECC rules (and regulati	one in offect d	uring the accounting paris				nrogram
	to delete under FCC rules a was substituted for program							program
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	nming that y						program
	was substituted for progran effect on October 19, 1976	nming that y	your system w	as permitted to delete und	der FCC rules	and regu	Ilations in	
	was substituted for progran effect on October 19, 1976 SI	nming that y		as permitted to delete und	der FCC rules	N SUBS	lations in	7. REASON FOR DELETION
	was substituted for progran effect on October 19, 1976	UBSTITUT	your system w	as permitted to delete und	der FCC rules WHE CARRI	N SUBS	Ilations in	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS AGE OC 6.	Ilations in TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS AGE OC 6.	Ilations in TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS AGE OC 6.	Ilations in TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS AGE OC 6.	Ilations in TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS AGE OC 6.	Ilations in TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS AGE OC 6.	Ilations in TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS AGE OC 6.	Ilations in TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS AGE OC 6.	Ilations in TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS AGE OC 6.	Ilations in TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS AGE OC 6.	Ilations in TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS AGE OC 6.	Ilations in TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS AGE OC 6.	Ilations in TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS AGE OC 6.	Ilations in TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS AGE OC 6.	Ilations in TITUTE CURRED TIMES	7. REASON FOR
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	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS AGE OC 6.	Ilations in TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS AGE OC 6.	Ilations in TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS AGE OC 6.	Ilations in TITUTE CURRED TIMES	7. REASON FOR
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	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS AGE OC 6.	Ilations in TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS AGE OC 6.	Ilations in TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS AGE OC 6.	Ilations in TITUTE CURRED TIMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	Your system ware program	as permitted to delete und	WHE CARRI 5. MONTH	N SUBS AGE OC 6.	Ilations in TITUTE CURRED TIMES	7. REASON FOR

Accounting Period:	2021/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT	S	YSTEM ID# 15150
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	85516.44 6,802.89
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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.	263,800	
	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 accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	¢	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. . \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2021/2						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNE CABLE ONE, INC. (SYSTEM ID# 15150
M Channels	 to its subscribers, and Enter the total num system carried telev Enter the total num on which the cable s 	ust give (1) the number I (2) the cable system's ber of channels on which ision broadcast stations ber of activated channe system carried television ervices	total num ch the cab s els n broadca:	ber of activated	channels during the		16 278
N Individual to Be Contacted		CONTACTED IF FURT this statement of accou		DRMATION IS N	EEDED (Identify an	individual to whom	
for Further Information	Name JE	NAE HECK				Telephone	602-364-6092
	(Nun PH	0 E. EARLL DRIV nber, street, rural route, apar IOENIX, AZ 8501: , town, state, zip)	tment, or su	ite number)			
	Email	JEANE.HECK	@CABLE	ONE.BIZ		Fax (optional) 602-364-601	3
O Certification	 I, the undersigned, he (Owner other of or in line 1 X (Officer or in line 1 I have examined the statement of the statement o	ereby certify that (Check er than corporation or wner other than corpor of space B and that the partner) I am an officer of space B. statement of account an d correct to the best of m	one, <i>but of</i> partnersh ration or p owner is n (if a corpo d hereby d	nly one, of the bo ip) I am the own partnership) I am ot a corporation ration) or a partn eclare under per	er of the cable system In the duly authorized for partnership; or er (if a partnership) o Palty of law that all sta	Copyright Office regulations) n as identified in line 1 of space agent of the owner of the cable f the legal entity identified as on itements of fact contained here ade in good faith.	B; or system as identified wner of the cable system
			Enter an	electronic signatu	ND STORCK are on the line above t (s/ signature" (e.g., /s	o certify this statement. / John Smith)	
		Typed or printe	d name:	RAYMONE	STORCK		
		Title: (Title of		PRESIDENT on held in corporation	on or partnership)		
		Date:				February 28, 2022	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
BLE ONE, INC. d/b/a SPARKLIGHT	1515
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	_
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	Interest Assessme
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Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - 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 <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** 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, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme

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.