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

AMOUNT
LOCATION NUMBER
LOCATION 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	ACCO	UNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В	(nstructions: Sive the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate itle of the subsidiary, not that of the parent corporation.
Owner	L	ist any other name or names under which the owner conducts the business of the cable system.
		there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a ingle 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.
	E	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		210 E EARLL DRIVE
	l li	Number, street, rural route, apartment, or suite number) PHOENIX, AZ 85012-2626 City, town, state, zip)
С		JCTIONS: 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	DENTIFICATION OF CABLE SYSTEM: SPARKLIGHT
	—	MAILING ADDRESS OF CABLE SYSTEM:
		618 NORTH MAIN
		Number, street, rural route, apartment, or suite number) ALTUS, OK 73521
	(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.

	T	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	CABLE ONE, INC.	230
D	Instructions: List each separate community served by the cable system. A "community" is the "a separate and distinct community or municipal entity (including unincorporated communiti discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se	es within unincorporated areas and including singl
Area	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 mobile home par	ks should be reported in parentheses below the
Served	identified city.	
First	CITY OR TOWN ALTUS	STATE OK
Community	ALTUS AFB	OK
•	FREDERICK	OK
Add Rows as Necessary	JACKSON COUNTY	ok
Add Rows as Necessary	BLAIR	OK OK
	TIPTON	OK OK
	IIFION	OK

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 23047

CABLE ONE, INC.

E

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:					
 Service to first set 	1,006	\$42.00	HOSPITAL	107	8.00
 Service to additional set(s) 			NURSING HOME	93	9.00
 FM radio (if separate rate) 			ASSISTED LIVING	55	18.00-1
Motel, hotel			RESIDENTIAL BULK BILL	318	23.00
Commercial	91	\$112.00	APARTMENTS	185	34.00-3
Converter			DORMITORY	80	10.00
 Residential 	726	5.00			
 Non-residential 	87	5.00			
		T			

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		Motel, hotel	90.00	EXPANDED BASIC \$52.50
 Pay cable—add'l channel 	\$19.00	Commercial		
Fire protection		Pay cable		
•Burglar protection		Pay cable-add'l channel		
Installation: Residential		Fire protection		
First set	30.00-90.00	Burglar protection		
Additional set(s)	30.00-90.00	Other services:		
 FM radio (if separate rate) 		Reconnect	30.00-90.00	
Converter		Disconnect		
		Outlet relocation	30.00	
		Move to new address		

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 23047

PRIMARY TRANSMITTERS: TELEVISION

CABLE ONE, INC.

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
KAUZ-1	22	N	WICHITA FALLS, TX
KAUZ-2	22	I-M	WICHITA FALLS, TX
KFDX	28	N	WICHITA FALLS, TX
KJBO-LP	35	<u> </u>	WICHITA FALLS, TX
KJTL	15	<u> </u>	WICHITA FALLS, TX
KSWO-1	11	N	LAWTON, OK
KSWO-2	11.2	I-M	LAWTON, OK
KSWO-3	11.3	I-M	LAWTON, OK
KETA	13	E	OKLAHOMA CITY, OK
KWTV	39	N	OKLAHOMA CITY, OK
KOED	11	E	TULSA, OK
KSWO-2-SIMUL	11	I-M	LAWTON, OK
KFDX-SIMUL	28	N	WICHITA FALLS, TX
KAUZ-SIMUL	22	N	WICHITA FALLS, TX
KSWO-SIMUL	11	N	LAWTON, OK
KJTL-SIMUL	15	I-M	WICHITA FALLS, TX

Associating Dovin	.d. 2021/2						FOR	M CA4 OF DACE 5
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FORI	M SA1-2E. PAGE 5. SYSTEM ID#
Name	CABLE ONE, INC.	0,1322 010						23047
					_			
Substitute Carriage:	In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN	ify every non accounting p ning that mu	nnetwork televi eriod, under sp st be included	sion program, broadcast by ecific present and former F in this log, see page (v) of the	a <i>distant</i> stat CC rules, regi	ulations, c	or authorizatio	ns. For a further
Special Statement and Program Log	 During the accounting per broadcast by a distant sta 	•	ur cable syster	n carry, on a substitute ba	sis, any nonn	etwork te	elevision prog	ram X NO
	Note: If your answer is "No log in block 2.		rest of this pa	ge blank. If your answer is	s "Yes," you n	nust com		
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ace, please of every no distant state gulations, of ries like "mo Bulls." m was broa sign of the adcast stati nation state exact stati reduces "5/7." es when the Example: a ter "R" if the and regulati nming that	am on a separ add additional onnetwork tele- tion and that y or authorization ovies" or "bask dcast live, ente- station broadcon's location (tons, if any, the when your sy e substitute pre- a program care listed program ions in effect d	rows to the tables. vision program ("substitute our cable system substitute ins. See page (v) of the genetic program of the community to which the community with which the stem carried the substitute program was carried by your ried by a system from 6:01 in was substituted for programing the accounting period.	e program") the ed for the proneral instruction titles, for each of the station is lice a station is lice a station is lice a station is lice a program. Using the cable system of the s	nat, during ogrammin ions for fu example, ' eensed by entified). se numera m. List the :28:30 p.r your systetter "P" i	g the account g of another urther informa 'I Love Lucy" the FCC or, als, with the retimes accurm, should be tem was required.	ting station ation. or in month rately
	s	UBSTITUT	E PROGRAM	1		N SUBS	TITUTE CURRED	7. REASON FOR
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY		TIMES TO	DELETION
								···
								
								

counting Period:	2021/2			FORM S	A1-2E. PAGI						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.			5	YSTEM II						
	CABLE ONE, INC.				230						
1/	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an	d the amou	ınt you pay. En	ter the total of							
K Gross Receipts	all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see										
	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				34,325.05						
	IMPORTANT: You must complete a statement in space P concerning gross re	ceipts.		(Amount of g	ross receipts)						
L	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:										
Copyright Royalty Fee	 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 l Use block 3 if the amount of gross receipts in space K is more than \$263,800 l 			263,800							
	See page (vi) of the general instructions located in the paper SA1-2 form for more in										
	BLOCK 1: GROSS RECEIPTS OF \$137	′,100 OR L	ESS								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that yo	ou must pay for	this six-mon							
	Line 1. Royalty fee for accounting period										
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00						
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	nes 1 and 2									
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES			-							
	Base amount under statutory formula	\$	263,800.00								
	Enter amount of gross receipts from space K										
	3. Subtract line 2 from line 1										
	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 le	ess than \$527	,600)							
	Enter the amount of gross receipts from space K	\$	384,325.05								
	2. Base amount under statutory formula	\$	263,800.00	•							
	3. Subtract line 2 from line 1		120,525.05								
				1,205.25							
	4. Multiply line 3 by .01		•	- , -							
	4. Multiply line 3 by .01	•	\$	1 319 00							
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)			1,319.00							
	5. 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			0.00							
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)			0.00	2,524.25						
	5. 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	, 5, and 6		0.00	2,524.25						
Filing Fee and	5. 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 6		0.00	2,524.25						
Filing Fee and otal Remittance Due	5. 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 FILING FEE AND TOTAL REMITTANCE DU	, 5, and 6 E	\$	\$	2,524.25						
otal Remittance	5. 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 FILING FEE AND TOTAL REMITTANCE DU 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	, 5, and 6 E	\$	0.00 \$ 2,524.25	2,524.25						
otal Remittance	5. 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 FILING FEE AND TOTAL REMITTANCE DU 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) 2. Filing Fee (See the instructions for more information on filing fee calculations).	, 5, and 6 E	\$	0.00 \$ 2,524.25 20.00	2,544.25						

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name	CABLE ONE, IN	WNER OF CABLE SYSTEM:				SYSTEM ID# 23047
M Channels	to its subscribers, 1. Enter the total system carried t 2. Enter the total on which the cal	u must give (1) the number o and (2) the cable system's t number of channels on which elevision broadcast stations number of activated channels ble system carried television ast services	otal number of activate n the cable s broadcast stations	d channels during the a	ccounting period.	16 227
N Individual to Be Contacted		BE CONTACTED IF FURTH		NEEDED (Identify an ir	ndividual to whom	
for Further Information	Name	JENAE HECK			Telephone	602-364-6092
		210 E. EARLL DRIVE (Number, street, rural route, apartr PHOENIX, AZ 85012 (City, town, state, zip)	nent, or suite number)			
	Email	JENAE.HECK(0	CABLEONE.BIZ		Fax (optional) 602-364-601	3
O Certification	I, the undersigne (Owner (Agent in lin X (Office in lin I have examined	of owner other than corpora ne 1 of space B and that the o or or partner) I am an officer (ne 1 of space B. the statement of account and a, and correct to the best of my	artnership) I am the own ation or partnership) I awner is not a corporation if a corporation) or a partnership declare under p	boxes.) Iner of the cable system In the duly authorized and a partnership; or Inter (if a partnership) of In enalty of law that all state	as identified in line 1 of space gent of the owner of the cable the legal entity identified as ov	system as identified vner of the cable system
			Enter an electronic signa	OND STORCK sture on the line above to "/s/ signature" (e.g., /s/	•	
		Typed or printed Title: (Title of of	name: RAYMON VICE PRESIDEN ficial position held in corpora			
		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 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.

ounting Period: 2021/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
BLE ONE, INC.	23047
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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 Mailing Address 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 Assessment
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	-
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 . 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	
Address	
ID number	
First community served	
Accounting period	

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U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC.

23047

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				CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KEYB	FM	X	ALTUS, OK				
		<u> </u>	7.2100, 010				
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