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								
A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
	2	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
		20212 Barcode Data Filing Period (optional - see instructions)							
Accounting Period									
		nstructions:							
В		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.							
		f 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.							
		25615 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							
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE STSTEM							
	(CABLE ONE, INC. d/b/a SPARKLIGHT							
	E	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	l l	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		210 E. EARLL DRIVE Number, street, rural route, apartment, or suite number)							
		PHOENIX, AZ 85012							
		City, town, state, zip)							
С		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	4 1	DENTIFICATION OF CABLE SYSTEM:							
	1 5	SPARKLIGHT							
	N	MAILING ADDRESS OF CABLE SYSTEM:							
		1629 S. BRAHMA BLVD Number, street, rural route, apartment, or suite number)							
		KINGSVILLE, TX 78363 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.

Accounting Period:	2021/2								
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#							
Name									
	CABLE ONE, INC. d/b/a SPARKLIGHT Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules:								
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known 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 parks should be reported in parentheses below the								
Area Served	identified city.								
	CITY OR TOWN	STATE							
First Community	KINGSVILLE	TX							
Add Rows as Necessary									

Accounting Period: 2021/2 FORM SA1-2E. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 25615

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

CABLE ONE, INC. d/b/a SPARKLIGHT

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 	643	\$42.00					
 Service to additional set(s) 							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	79	\$25.00					
Converter							
Residential							
Non-residential							
1		•					

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	\$19.00	Motel, hotel		EXPANDED BASIC	52.50
Pay cable—add'l channel	\$19.00	Commercial		DIGITAL FAM PLUS	16.00
 Fire protection 		• Pay cable		STARZ SUPER PAK	19.00
•Burglar protection		 Pay cable-add'l channel 		SHOWTIME UNLTD	10.99
Installation: Residential		Fire protection		HBO THE WORKS	19.00
• First set	45.00	Burglar protection		CINEMAX	19.00
Additional set(s)		Other services:		HBO THE WORKS	19.00
• FM radio (if separate rate)		Reconnect	\$45.00		
Converter		Disconnect			
		 Outlet relocation 	\$30.00		
		 Move to new address 			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 25615

CABLE ONE, INC. d/b/a SPARKLIGHT

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
KDF	22.2	I-M	CORPUS CHRISTI, TX
KEDT	23	E	CORPUS CHRISTI, TX
KIII	8	N	CORPUS CHRISTI, TX
KEDT-SIMUL	23.3	E	CORPUS CHRISTI, TX
KRIS	13	I-M	CORPUS CHRISTI, TX
KSCC	19	<u>l</u>	CORPUS CHRISTI, TX
KZTV	10	N	CORPUS CHRISTI, TX
KRIS-2	13.2	<u> </u>	CORPUS CHRISTI, TX
KIII-2	8.2	I-M	CORPUS CHRISTI, TX
KIII-4	8.4	I-M	CORPUS CHRISTI, TX
KIII-5	8.5	I-M	CORPUS CHRISTI, TX
KIII-SIMUL	8	N	CORPUS CHRISTI, TX
KSCC-2	19.2	I-M	CORPUS CHRISTI, TX
KSCC-3	19.3	I-M	CORPUS CHRISTI, TX
KSCC-4	19.4	I-M	CORPUS CHRISTI, TX
KSCC-SIMUL	19	<u> </u>	CORPUS CHRISTI, TX
KZTV-SIMUL	10	N	CORPUS CHRISTI, TX
KAJA	22	I	CORPUS CHRISTI, TX

Accounting Period: 2021/2 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC. d/b/a SPARKLIGHT

25615

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
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Accounting Perio	nd: 2021/2						EOD	M SA1-2E. PAGE 5.	
seconning refle	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUR	SYSTEM ID#	
Name	CABLE ONE, INC. d/b	a SPARK	LIGHT					25615	
ı	SUBSTITUTE CARRIAG In General: In space I, ident	tify every no	nnetwork televi	ision program, broadcast by	a distant sta				
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizate explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper								
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and	I' Duning the accounting benog, dig your capie system carry, on a substitute basis, any nonnetwork television brog								
Program Log	broadcast by a distant station?								
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the progra								
	log in block 2.	E DDOOD	NMO						
	2. LOG OF SUBSTITUT			ate line. Use abbreviations	s wherever p	ossible, if	their meanin	g is	
	clear. If you need more spa							-	
	Column 1: Give the title period, was broadcast by a under certain FCC rules, re	distant sta	tion and that y	,	ed for the pro	ogrammin	g of another	station	
	Do not use general catego "NBA Basketball: 76ers vs.	ries like "mo							
	Column 2: If the program	m was broa		er "Yes." Otherwise enter '					
				casting the substitute progr the community to which the		censed hy	the ECC or	in	
	the case of Mexican or Car	nadian stati	ons, if any, the	community with which the	e station is id	entified).			
	Column 5: Give the mol first. Example: for May 7 gi		when your sy	stem carried the substitute	program. U	se numer	als, with the r	month	
	. , ,		e substitute pr	ogram was carried by you	r cable syste	m. List the	e times accur	ately	
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	5:28:30 p.i	m. should be		
	stated as "6:00–6:30 p.m." Column 7: Enter the let	ter "R" if the	e listed progran	n was substituted for progr	ramming that	t vour svs	tem was <i>rea</i> u	uired	
	to delete under FCC rules	and regulat	ions in effect d	luring the accounting perio	d; enter the l	etter "P" i	f the listed pr		
	was substituted for prograr effect on October 19, 1976	•	your system w	as permitted to delete und	ler FCC rules	and regu	ılations in		
	effect off October 19, 1970	' -						Ţ	
	9	LIBSTITLIT	E DROGRAM	1	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON FO				
	TITLE OF PROGRAM	2. LIVE?	ITUTE PROGRAM IVE? 3. STATION'S			CARRIAGE OCCURRED 5. MONTH 6. 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			FORM	SA1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT			\$	25615				
K 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 explanat 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 the service of the	system's : tion of how	secondary transi to compute this	mission servi amount, see	ce				
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal			r this six-mor	ıtl				
	accounting period is \$52.00	nty 100 tha	r you muot puy to	i uno dix moi					
	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	lines 1 and	12	· · <u></u>					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,	100)					
	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 \$260	3,800 (but	less than \$527	,600)					
	Enter the amount of gross receipts from space K	\$	303,976.20						
	2. Base amount under statutory formula	\$	263,800.00						
	3. Subtract line 2 from line 1	\$	40,176.20						
	4. Multiply line 3 by .01		. \$	401.76					
	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	3	\$	1,720.76				
	FILING FEE AND TOTAL REMITTANCE DU	JE							
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,720.76					
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			\$	1,740.76				
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		ights!				

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.		
Name		OWNER OF CABLE SYSTEM: NC. d/b/a SPARKLIGHT				SYSTEM ID# 25615		
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							
	on which the ca	number of activated channel able system carried television ast services	proadcast stations			169		
N Individual to Be Contacted		BE CONTACTED IF FURTH		EDED (Identify an i	ndividual to whom			
for Further Information	Name	JENAE HECK			Telephone	602-364-6092		
	Address	210 E. EARLL DRIVE (Number, street, rural route, apart PHOENIX, AZ 85012 (City, town, state, zip)	ent, or suite number)					
	Email		CABLEONE.BIZ		Fax (optional) 602-364-601	13		
	CERTIFICATION	(This statement of account m	st be certified and signed	in accordance with	Copyright Office regulations	s)		
O Certification	• I, the undersigne	ed, hereby certify that (Check o	e, <i>but only one</i> , of the boxe	s.)				
	(Owner	r other than corporation or p	rtnership) I am the owner o	of the cable system a	as identified in line 1 of space	B; or		
		of owner other than corpora ine 1 of space B and that the c			ent of the owner of the cable	system as identified		
		er or partner) I am an officer (i ine 1 of space B.	a corporation) or a partner	(if a partnership) of the	he legal entity identified as ov	vner of the cable system		
		the statement of account and e, and correct to the best of my on 1001(1986)]		•		n		
			X /s/ RAYMON	ID STORCK				
			Enter an electronic signature Enter signature using an "/s/					
		Typed or printed	name: RAYMOND	STORCK	100100100100100100100100100100100100100			
		Title: (Title of c	VICE PRESIDENT	n or partnership)				
		Date:			February 28, 2022			

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Accounting Period: 2021/2 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 25615 CABLE ONE, INC. d/b/a SPARKLIGHT 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-"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-Special Statement scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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 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. Interest Assessment x = 0.00274Line 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 * 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

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.

Address

ID number

First community served Accounting period