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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
Accounting	20212 Barcode Data Filing Period (optional - see instructions)							
Period								
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.							
Owner	List any other name or names under which the owner conducts the business of the cable system.							
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.							
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	CABLE ONE, INC. d/b/a SPARKLIGHT							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)							
	PHOENIX, AZ 85012							
	(City, town, state, zip)							
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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 SPARKLIGHT							
	MAILING ADDRESS OF CABLE SYSTEM:							
	604 E. NATIONAL AVENUE							
	(Number, street, rural route, apartment, or suite number)							
	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.

		FORM SA1-2E. PAG							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM							
	CABLE ONE, INC. d/b/a SPARKLIGHT 3131								
	Instructions: List each separate community served by the cable system. A "communi								
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including								
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification h								
	as the "first community." Please use it as the first community on all future filings.								
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the							
Served	identified city.								
	CITY OR TOWN	STATE							
First	FLORA	IN							
Community	CAMDEN	IN							
	DELPHI	IN							
d Rows as Necessary	BURLINGTON	IN							
•	CARROLL COUNTY	IN							
		111 00000000000000000000000000000000000							

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**SYSTEM ID **31310

CABLE ONE, INC. d/b/a SPARKLIGHT

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	410	\$42.00				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	22	\$56.00				
Converter						
Residential						
Non-residential						
		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	\$7-\$15.00	 Motel, hotel 		EXPANDED BASIC	52.50
 Pay cable—add'l channel 		 Commercial 		DIGITAL FAM PLUS	16.00
Fire protection		• Pay cable		STARZ SUPER PAK	19.00
•Burglar protection		 Pay cable-add'l channel 		SHOWTIME UNLTD	19.00
Installation: Residential		 Fire protection 		CINEMAX	19.00
• First set	\$100.00	 Burglar protection 		НВО	19.00
Additional set(s)		Other services:			
 FM radio (if separate rate) 		 Reconnect 	\$30.00		
Converter		Disconnect			
		 Outlet relocation 	\$30		
		 Move to new address 	\$30.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 31310

CABLE ONE, INC. d/b/a SPARKLIGHT

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, *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
WFYI	21	E	INDIANAPOLIS, IN
WHMB	7	l	INDIANAPOLIS, IN
WISH	9	l	INDIANAPOLIS, IN
WLFI	11	N	WEST LAFAYETTE, IN
WNDY	9	l	INDIANAPOLIS, IN
WRTV	25	N	INDIANAPOLIS, IN
WTHR	13	N	INDIANAPOLIS, IN
WTTV	27	N	BLOOMINGTON, IN
WXIN	22	l	INDIANAPOLIS, IN
WRTV-SIMUL	25	N	INDIANAPOLIS, IN
WTTV-SIMUL	27	N	BLOOMINGTON, IN
WXIN-SIMUL	22	l	INDIANAPOLIS, IN
WTHR-SIMUL	13	N	INDIANAPOLIS, IN
WFYI-SIMUL	21	E	INDIANAPOLIS, IN
WZSH-SIMUL	9	I	INDIANAPOLIS, IN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC. d/b/a SPARKLIGHT

31310

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						FORM	M SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				1 ONI	SYSTEM ID#		
Name	CABLE ONE, INC. d/b/	a SPARK	LIGHT					31310		
	SUBSTITUTE CARRIAG	E. SDECI	NI STATEME	NT AND DECCEAM LO	G					
I					_	tion that vo	our cable syst	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 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:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special Statement and	ent and During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television progra									
Program Log	broadcast by a distant sta	ition?					YES	NO		
	Note: If your answer is "No	o", leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	must comp	lete the prog	ıram		
	log in block 2.		·			·				
	2. LOG OF SUBSTITUT	E PROGRA	AMS							
	In General: List each subs				wherever po	ossible, if t	heir meaning	j is		
	clear. If you need more spa			rows to the tables. vision program ("substitute	nrogram") tl	hat during	the account	ina		
	period, was broadcast by a									
	under certain FCC rules, re									
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	ım titles, for e	example, "I	Love Lucy"	or		
			dcast live, ente	er "Yes." Otherwise enter "	'No."					
		0		asting the substitute progr			500			
	the case of Mexican or Car			he community to which the			the FCC or,	ın		
				stem carried the substitute		,	ls, with the m	nonth		
	first. Example: for May 7 gi					11.44		. 6 . 6 .		
	to the nearest five minutes			ogram was carried by your ried by a system from 6:01				ately		
	stated as "6:00-6:30 p.m."	. Ехатіріс.	a program oan	iod by a dystom nom o.o i	. 10 p.m. to 0	7.20.00 p.iii	i. Silodia bo			
				n was substituted for progr						
	to delete under FCC rules was substituted for prograr							ogram		
	effect on October 19, 1976	•	your system w	as permitted to delete and	or r oo raics	and regul	auono m			
					T			Τ		
		I IBSTITI IT	E PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON FO					
		2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то			
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	2021/2				A1-2E. PAGE YSTEM II				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT			3	313				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of 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. IMPORTANT: You must complete a statement in space P concerning gross re			\$ 16 (Amount of gr	5,013.51				
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less that	an \$527,600						
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	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 in	nes 1 and 2	2	· · <u> </u>					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	00)					
	1. Base amount under statutory formula	\$	263,800.00	•					
	2. Enter amount of gross receipts from space K	\$	165,013.51						
	3. Subtract line 2 from line 1	\$	98,786.49	•					
	4. Enter the amount of gross receipts from space K		\$	165,013.51					
	5. Enter the amount from line 3		. \$	98,786.49					
	6. Subtract line 5 from line 4		\$	66,227.02					
	7. Multiply line 6 by .005 (enter figure here)			\$	331.14				
	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	7 and 8		\$	331.14				
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$260	3,800 (but	less than \$527	,600)					
	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			•					
	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								
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4			,					
	FILING FEE AND TOTAL REMITTANCE DU	JE							
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	331.14					
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			\$	351.14				

Accounting Period: 2021/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 31310 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 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. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here 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 * 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

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Accounting period

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.			
Name		OWNER OF CABLE SYSTEM: NC. d/b/a SPARKLIGHT				SYSTEM ID# 31310			
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the carrier	ou must give (1) the number of and (2) the cable system's to number of channels on which television broadcast stations number of activated channels able system carried television ast services	otal number of activate the cable broadcast stations	d channels during the a	ccounting period.	15 277			
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			
	Address	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	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]								
			Enter an electronic signa	OND STORCK ature 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				

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