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))								
	2021/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
	20212 Barcode Data Filing Period (optional - see instructions)								
Accounting 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								
Owner	title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.								
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.								
	Check here if this is the system's first 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.								
	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 85012-2626 (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 IDENTIFICATION OF CABLE SYSTEM: SPARKLIGHT								
	MAILING ADDRESS OF CABLE SYSTEM:								
	727 PAXTON AVENUE [Number, street, rural route, apartment, or suite number)								
	MIAMI, AZ 85539 (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:  CABLE ONE, INC.	SYSTEM 74
	Instructions: List each separate community served by the cable system. A "commu	unity" is the same as a "community unit" as defined in FCC rule
D	"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 u list will serve as a form of system identification hereafter kno
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	e home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First		
Community		
Rows as Necessary		
,		
	GLOBE	AZ
	GILA COUNTY	AZ
	MIAMI	AZ

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID# 7409

### Secondary Transmission Service: Subscribers and Rates

E

#### 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:							
<ul> <li>Service to first set</li> </ul>	744	42.00					
<ul> <li>Service to additional set(s)</li> </ul>							
• FM radio (if separate rate)							
Motel, hotel	82	12.75					
Commercial	38	40.00					
Converter							
Residential							
Non-residential							
		•					

# 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	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				
Continuing Services:		Installation: Non-residential			
• Pay cable	18.00	Motel, hotel	90.00	TIER EXP. BASIC	57.75
<ul> <li>Pay cable—add'l channel</li> </ul>	12.00	Commercial	90.00		
Fire protection		• Pay cable			
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
• First set	90.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	30.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		<ul> <li>Move to new address</li> </ul>	30.00		

Accounting Period: 2021/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

PRIMARY TRANSMITTERS: TELEVISION

FORM SA1-2E. PAGE 3.

SYSTEM ID#

7409

G

#### Primary Transmitters: Television

1. CALL SIGN

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.

3. TYPE OF STATION

4. LOCATION OF STATION

2. B'CAST CHANNEL NUMBER

**KAET** 8.1 Ε PHOENIX. AZ **KASW** 27 I PHOENIX, AZ 7.1 **KAZT** PHOENIX, AZ Add Rows as Necessary KAZT-2 7.2 ı PHOENIX, AZ **KNXV** 15.1 Ν PHOENIX. AZ **KPHO** 17.1 Ν PHOENIX, AZ **KPNX** 18.1 Ν MESA, AZ **KSAZ** 10.1 PHOENIX, AZ ı KTAZ 29.1 PHOENIX, AZ KTVK 24.1 PHOENIX, AZ ı **KPNX-5** 18.5 I-M MESA, AZ **KUTP** 26 PHOENIX, AZ KPNX3 18.3 I-M PHOENIX, AZ KTAZ-2 29.2 I-M PHOENIX, AZ KPHO-2 17.2 I-M PHOENIX, AZ KPNX-4 18.4 I-M PHOENIX, AZ KAZT-4 7.4 I-M PHOENIX, AZ KTVK-2 24.2 I-M PHOENIX, AZ KTVK-5 24.5 I-M PHOENIX, AZ KASW-3 I-M 27.3 PHOENIX, AZ

KTVK-2 24.2 I-M PHOENIX, AZ

KTVK-5 24.5 I-M PHOENIX, AZ

KASW-3 27.3 I-M PHOENIX, AZ

KPPX 31.1 I PHOENIX, AZ

KTAZ-4 29.4 I-M PHOENIX, AZ

KTAZ-SIMUL 29.1 I PHOENIX, AZ

Accounting Period: 2021/2

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
| CABLE ONE INC. 7409

CABLE ONE, INC.

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, 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 (y) 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.

2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KAET-SIMUL	8.1	E	PHOENIX, AZ
KAZT-SIMUL	7.1		PHOENIX, AZ
KAZT-2-SIMUL	7.2	I-M	PHOENIX, AZ
KUTP-SIMUL	26.1		PHOENIX, AZ
KNXV-SIMUL	15.1	N	PHOENIX, AZ
KPHO-SIMUL	17.1	N	PHOENIX, AZ
KPNX-SIMUL	18.1	N	MESA, AZ
KSAZ-SIMUL	10.1		PHOENIX, AZ
KTVK-SIMUL	24.1		PHOENIX, AZ
KAZT-4-SIMUL	7.4	I-M	PHOENIX, AZ

4. LOCATION OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC.

7409

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.

Primary Transmitters: Radio

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.

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
	.						
	· <del> </del>						
	-						
		<u></u>					
	· <del> </del>						
		<u></u>					
	·						
	· <b> </b>						
	.						
	· <del> </del>						

Accounting Perio	d: 2021/2 LEGAL NAME OF OWNER OF	CABLE SVS	TEM:					FORM	SYSTEM ID#		
Name	CABLE ONE, INC.	CABLE 313	I EIVI.						7409		
	SUBSTITUTE CARRIAGE	: SPECI/	AL STATEME	NT AND PROGRAM	LO	3					
Substitute	In General: In space I, identi substitute basis during the ac explanation of the programm	fy every nor	nnetwork televis eriod, under sp	sion program, broadcas ecific present and forme	st by er F0	a <i>distant</i> sta CC rules, reg	ulations, o	r authorizatior	ns. For a further		
Carriage:	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Special											
Statement and Program Log	broadcast by a distant stat										
	,					<b>(1)</b> / 11			<u> </u>		
	<b>Note:</b> If your answer is "No	, leave the	rest of this pa	ge blank. If your answe	er is	"Yes," you i	nust comp	lete the prog	ram		
	log in block 2.										
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor	itute progra ce, please of every no distant stat gulations, c ies like "mo	am on a separa add additional onnetwork telev tion and that yo or authorizatior	rows to the tables. vision program ("substi our cable system subsi ns. See page (v) of the	itute titute gen	program") t ed for the pro eral instruct	hat, during ogramminզ ions for ful	the accounting of another string	ing station tion.		
	"NBA Basketball: 76ers vs. Column 2: If the program		deast live ente	or "Ves " Otherwise ent	tor "I	No."					
	Column 3: Give the call		,								
	Column 4: Give the broa							the FCC or,	in		
	the case of Mexican or Can  Column 5: Give the mon		•	•				la with the m	aonth		
	first. Example: for May 7 giv	•	when your sys	stem camed the substi	ilule	program. O	se numera	iis, with the H	IOTILIT		
	Column 6: State the time	es when the			,	•			ately		
	to the nearest five minutes.	Example: a	a program carr	ried by a system from 6	3:01:	15 p.m. to 6	:28:30 p.n	n. should be			
	stated as "6:00–6:30 p.m."  Column 7: Enter the lette	er "R" if the	listed program	n was substituted for n	roar	amming that	vour syste	em was <i>redu</i>	ired		
	to delete under FCC rules a			•	_	•	,				
	was substituted for program		your system wa	as permitted to delete	unde	er FCC rules	and regul	lations in			
	effect on October 19, 1976.										
						WHE	N SUBST	TTUTE			
	SI	<u>JBSTITUT</u>	E PROGRAM				AGE OC		7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	NC	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION		
								_			
									,		
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Accounting Period:	2021/2				SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.				7409
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation 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.	system's se on of how t	condary transm o compute this a	ission service amount, see	
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 tha	an \$527,600	263,800	
	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 li	nes 1 and 2	2	· ·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	00)	
	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	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	\$	294,542.20		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	30,742.20		
	4. Multiply line 3 by .01		\$	307.42	
	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	1, 5, and 6 .		\$	1,626.42
	FILING FEE AND TOTAL REMITTANCE DU	JE			
FILE FOR					
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,626.42	
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			\$	1,646.42
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1				ghts!

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7				
Name	CABLE ONE, I	OWNER OF CABLE SYSTEM: NC.			SYSTEM ID# 7409				
M Channels									
		l number of channels on which television broadcast stations	ch the cable s		33				
	on which the c	al number of activated channel able system carried television cast services			282				
N Individual to Be Contacted		D BE CONTACTED IF FURT about this statement of accou	THER INFORMATION IS NEEDED (Identify an ir unt.)	ndividual to whom					
for Further Information	Name	JENAE HECK		Telephone	602-364-6092				
	Address	210 E. EARLL DRIVI (Number, street, rural route, apar PHOENIX, AZ 85012 (City, town, state, zip)	rtment, or suite number)						
	Email		@CABLEONE.BIZ	Fax (optional) 602-364-601	3				
	CERTIFICATION	(This statement of account n	must be certified and signed in accordance with	Copyright Office regulations)					
O Certification	• I, the undersign	ned, hereby certify that (Check	cone, but only one, of the boxes.)						
	(Owne	er other than corporation or	partnership) I am the owner of the cable system	as identified in line 1 of space	B; or				
			ration or partnership) I am the duly authorized ago owner is not a corporation or partnership; or	gent of the owner of the cable	system as identified				
		eer or partner) I am an officer line 1 of space B.	(if a corporation) or a partner (if a partnership) of	the legal entity identified as o	wner of the cable system				
		te, and correct to the best of m	nd hereby declare under penalty of law that all stati my knowledge, information, and belief, and are ma		in				
			X /s/ Raymond Storck						
		- •	Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/ .						
		Typed or printe	ed name: RAYMOND STORCK						
		Title:	VICE PRESIDENT  Official position held in corporation 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 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.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ABLE ONE, INC.	7409
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."  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.	P Special Statement Concerning Gross 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  Name Mailing Address	
	1
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
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
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	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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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