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

A	ACC	OUNTING 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.	8305
		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)	
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system	unless these
С		es already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		SPARKLIGHT	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	230 5TH AVENUE (Number, street, rural route, apartment, or suite number)	
		MCCOMB, MS 39648 (City, town, state, zip code)	
<u> </u>	1	Province of the A	

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. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI
	CABLE ONE, INC. d/b/a/ SPARKLIGHT	83
	Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorpor	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th	
	as the "first community." Please use it as the first community on all future fil	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	QUITMAN	MS
Community	STONEWALL	MS
	ENTERPRISE	MS
Rows as Necessary		

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 8305

# 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.

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>	130	\$40.00				
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel						
Commercial	7	\$40.00				
Converter						
Residential						
Non-residential						
		<b>†</b>		·		

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	\$9-\$18.00	Motel, hotel		EXPANDED BASIC	54.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		DIGITAL FAM PLUS	13.00
Fire protection		• Pay cable		STARZ FAMILY PAK	18.00
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>		SHOWTIME UNLTD	18.00
Installation: Residential		Fire protection		HBO THE WORKS	27.00
• First set	\$40.00	Burglar protection		НВО	18.00
<ul><li>Additional set(s)</li></ul>		Other services:		CINEMAX	13.00
• FM radio (if separate rate)		Reconnect	\$90.00		
Converter		Disconnect			
		Outlet relocation			
		<ul> <li>Move to new address</li> </ul>	\$45.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 8305

# 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
WGBC	31	l	MERIDIAN, MS
WMAW	28	E	MERIDIAN, MS
WMDN	24	N	MERIDIAN, MS
WTOK	13	N	MERIDIAN, MS
WGBC-2	31.2	N-M	MERIDIAN, MS
WTOK-2	13.2	I-M	MERIDIAN, MS
WTOK-3	13.3	I-M	MERIDIAN, MS
WTOK-5	13.5	I-M	MERIDIAN, MS

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

# CABLE ONE, INC. d/b/a/ SPARKLIGHT

8305

### 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						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				1010	SYSTEM ID#
Name	CABLE ONE, INC. d/b	a/ SPAR	KLIGHT					8305
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, idem substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUT In General: List each subs 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 catego "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call	E: SPECIA  iffy every non accounting p ning that mu  T CONCEF riod, did you tion?  ", leave the  E PROGRA titute progra ace, please of every no distant stat egulations, of ries like "mo Bulls."  m was broa sign of the	AL STATEME nnetwork televiceriod, under sp st be included i RNING SUBS ur cable system rest of this pa  AMS am on a separa add additional onnetwork televition and that you for authorization rovies" or "baske dcast live, ente station broadc	sion program, broadcast by secific present and former F in this log, see page (v) of the TITUTE CARRIAGE on carry, on a substitute based by the secific present in this log. If your answer is ate line. Use abbreviations rows to the tables. Vision program ("substitute our cable system substitutes. See page (v) of the general forms.	a distant starCCC rules, reghe general instants, any nonings "Yes," your swherever program") the distriction of the program titles, for each titles, for each titles.	network te must com ossible, if hat, during ogramming cions for fu	relevision progression progres	tem carried on a ns. For a further sA1-2 form.  ram  NO gram  g is ting station tion. or
	first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	nth and day ve "5/7." es when the Example: a ter "R" if the and regulati mming that y	when your systems when your systems when your systems are substituted program constituted by the systems when your systems were supported by the systems when your systems when your systems we will see the systems when your systems when your systems were supported by the systems when your systems were systems when your systems were supported by the systems when your systems when your systems were systems when your systems were supported by the systems when your systems when your systems were systems which is not some systems which is not support to support the systems when your systems were systems which is not support to support the systems when your systems were systems which is not support to support the systems wh	stem carried the substitute ogram was carried by your ried by a system from 6:01 n was substituted for progr uring the accounting perio	e program. U r cable syste l:15 p.m. to 6 ramming tha od; enter the der FCC rules	se numer. m. List the 3:28:30 p.i t your sys letter "P" i s and regu	e times accur m. should be tem was <i>requ</i> f the listed pr llations in	ately
		LIDOTITLIT		•		N SUBS	TITUTE CURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S	1	5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u> — то</u>	

counting Period:	<b>2021/2</b> FOR	M SA1-2E. PAGE							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II							
	CABLE ONE, INC. d/b/a/ SPARKLIGHT	830							
17	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total	of							
K Bross Receipts	all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission serv (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se-	ice							
	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	50,400.01							
	IMPORTANT: You must complete a statement in space P concerning gross receipts.  (Amount	of gross receipts)							
L	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:								
Copyright	Complete block 1, block 2, or block 3.								
Royalty Fee	<ul> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>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</li> </ul>								
	<ul> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>								
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-mor accounting period is \$52.00	<b>1</b> '							
	Line 1. Royalty fee for accounting period	52.00							
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00							
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)								
	1. Base amount under statutory formula								
	2. Enter amount of gross receipts from space K								
	3. Subtract line 2 from line 1								
	4. Enter the amount of gross receipts from space K	_							
	5. Enter the amount from line 3	_							
	6. Subtract line 5 from line 4	_							
	7. Multiply line 6 by .005 (enter figure here)								
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00							
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8								
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)								
	Enter the amount of gross receipts from space K								
	2. Base amount under statutory formula								
	3. Subtract line 2 from line 1								
	4. Multiply line 3 by .01	<u></u>							
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	0_							
	6. Interest charge. Enter the amount from line 4, space Q, page 8	<u> </u>							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6								
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and									
otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>0</u>							
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	0_							
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00							
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Cop	yrights!							
	See page i of the general instructions in the paper SA1-2 form for more information.								

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: NC. d/b/a/ SPARKLIGHT				SYSTEM ID# 8305
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 s, and (2) the cable system's to number of channels on which television broadcast stations on unmber of activated channels able system carried television ast services	otal number of activated on the cable  s broadcast stations	hannels during the a		116
N Individual to		BE CONTACTED IF FURTH		EEDED (Identify an ir	ndividual to whom	
for Further Information	Name	JEANE 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@	CABLEONE.BIZ		Fax (optional) 602-364-601	.3
0	CERTIFICATION	(This statement of account m	ust be certified and signed	I in accordance with	Copyright Office regulations)	
Certification		ed, hereby certify that (Check or other than corporation or p			as identified in line 1 of space	₽B; or
		t of owner other than corpora ine 1 of space B and that the o			gent of the owner of the cable	system as identified
		<b>er or partner)</b> I am an officer (i ine 1 of space B.	if a corporation) or a partne	er (if a partnership) of	the legal entity identified as o	wner of the cable system
		d the statement of account and e, and correct to the best of my on 1001(1986)]				in
			X /s/ RAYMOI	ND STORCK		
			Enter an electronic signatur Enter signature using an "/s			
		Typed or printed	name: RAYMOND	STORCK		
		Title: (Title of of	VICE PRESIDENT	n or partnership)		
		Date:				

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Accounting Period: 2021/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 8305 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** 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