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						
08/26/21	\$ 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))						
	2021/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
	20211 Barcode Data Filing Period (optional - see instructions)						
Accounting Period							
	Instructions:						
В	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.						
	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 85225						
	(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:						
	2 229 Broadway (Number, street, rural route, apartment, or suite number)						
	Parsons, KS 67357						
	(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.

Accounting Period:	2021/1							
Accounting Period:	2021/1	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	CABLE ONE, INC.	10481						
	Instructions: List each separate community served by the cable system. A "com							
D	separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, discrete vill serve as a form of system identification hereafter known as the "first						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
	CITY OR TOWN  INDEPENDENCE	STATE KS						
First Community								
Community	MONTGOMERY COUNTY	KS						
	NEODESHA	KS						
Add Rows as Necessary								

Accounting Period: 2021/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID# 10481

FORM SA1-2E. PAGE 2.

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>	956	40.00			
Service to additional set(s)					
FM radio (if separate rate)					
Motel, hotel	3	8.50			
Commercial	48	8.00-15.00			
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	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	17.00	Motel, hotel	COST		
<ul> <li>Pay cable—add'l channel</li> </ul>	9.00	Commercial	COST	TIER	40.00
Fire protection		• Pay cable	COST		
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	90.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	60.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	60.00		
Converter		Disconnect			
		Outlet relocation	60.00		
		Move to new address	30.00		

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

10481

Name

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 (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
KDOR	36	I	BARTLESVILLE, OK
KFJX	13	I	PITTSBURG, KS/JOPLIN, MO
KJRH	8	N	TULSA, OK
KMYT	34	I	TULSA, OK
KOAM	7	N	PITTSBURG, KS
кокі	22	I	TULSA, OK
коту	26	N	TULSA, OK
KQCW	20	I	MUSKOGEE, OK
KTUL	10	N	TULSA, OK
KTWU	11	E	TOPEKA, KS
KTUL-3	10	I-M	TULSA, OK
KTUL-4	10	I-M	TULSA, OK
KTUL-2	10	I-M	TULSA, OK
KMYT-2	34	I-M	TULSA, OK
KFJX-2	13	I-M	PITTSBURG, KS/JOPLIN, MO
KSNF	17	N	JOPLIN, MO
KODE	23	N	JOPLIN, MO
KSNF-2	17	I-M	JOPLIN, MO
KOTV-3	26	I-M	TULSA, OK

Accounting Period: 2021/1	FORM SA1-2E. PAGE 4
---------------------------	---------------------

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

10481

CABLE ONE, INC.

### 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

Primary Transmitters: Radio

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
		ļ					
	 	ļ					
	ļ	ļ					
		ļ					
		ļ					
		ļ					
		ļ					
	ļ	ļ					
	ļ	ļ					
		ļ					
		ļ					
		ļ					
		I					

U.S. Copyright Office

Accounting Perio							FOR	M SA1-2E. PAGE 5.	
Nama	LEGAL NAME OF OWNER OF	CABLE SYST	ГЕМ:					SYSTEM ID#	
Name	CABLE ONE, INC.							10481	
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG					
	n General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
Substitute	explanation of the programm								
Carriage:	1. SPECIAL STATEMENT				o gonorai inou		io papor erri		
Special	During the accounting per	-			is any nonne	twork telev	vision program	m	
Statement and	broadcast by a distant stat	•	r dable dyoloin	ourly, or a outomato bac	no, arry mornio				
Program Log	,					L	YES	NO	
	Note: If your answer is "No"	', leave the	rest of this pag	ge blank. If your answer is	"Yes," you mu	ust comple	te the progra	m	
	log in block 2.								
	2. LOG OF SUBSTITUTE			to line. I lee abbreviations		aible if the			
	In General: List each subst clear. If you need more spa		•		wherever pos	ssible, il trie	eir meaning is		
				ision program ("substitute	program") tha	at, during th	ne accounting	, l	
	period, was broadcast by a								
	under certain FCC rules, re Do not use general categor								
	"NBA Basketball: 76ers vs.		vies of baske	etball. List specific program	n lilles, for ex	ampie, i L	ove Lucy of		
	l .		dcast live, ente	r "Yes." Otherwise enter "I	No."				
	l .	0		sting the substitute progra			<b>500</b> :		
	the case of Mexican or Can			ne community to which the			e FCC or, in		
				tem carried the substitute		,	, with the mo	nth	
	first. Example: for May 7 giv	•	, ,				,		
				gram was carried by your				ely	
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program cam	ed by a system from 6:01:	15 p.m. to 6:2	28:30 p.m.	snould be		
		er "R" if the	listed program	was substituted for progra	amming that y	our system	n was <i>require</i>	ed	
	to delete under FCC rules a	•		0.				ram	
	was substituted for program		our system wa	as permitted to delete unde	er FCC rules a	and regulat	ions in		
	effect on October 19, 1976.								
					WHE	N SUBST	ITUTE		
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCC	URRED	7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>		
							_		
			<del> </del>						
		 	<b></b>						
							_		
							_		
			<del> </del>						
			<del> </del>						
							_		
							_		
							-		
							_		

Accounting Period:	2021/1			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.				#SYSTEM ID 10481
<b>K</b> 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 receipts.	system's stion of how	secondary transm to 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 t	han \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$1	37.100 OF	RLESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00			nis six-month	
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add	lines 1 and	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LI	ESS (but r	more than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00	_	
	2. Enter amount of gross receipts from space K	· · <u> </u>		_	
	3. Subtract line 2 from line 1			_	
	4. Enter the amount of gross receipts from space K		· · · <u> </u>		-
	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 \$26	63,800 (bu	ut less than \$527	7,600)	
	Enter the amount of gross receipts from space K	\$	283,990.64	_	
	Base amount under statutory formula	\$	263,800.00	_	
	3. Subtract line 2 from line 1	\$	20,190.64	_	
	4. Multiply line 3 by .01		\$	201.91	-
	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	i	. \$	1,520.91
	FILING FEE AND TOTAL REMITTANCE D	UE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		<u>\$</u>	1,520.91	-
Due	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			\$	1,540.91
	Important: Your remittance must be in the form of an electronic pa See page i of the general instructions in the paper SA				ghts!

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name	CABLE ONE, I	OWNER OF CABLE SYSTEM: NC.				SYSTEM ID# 10481
M Channels				els on which the cable system carried tele		
		al number of channels on which ed television broadcast stations		ble		11
		al number of activated channel			·	
		e cable system carried television				236
N Individual to		O BE CONTACTED IF FURTH		ORMATION IS NEEDED (Identify an indiv	vidual to whom	
for Further	Name	EMERSON YEARWO	OD		Telephone	602-364-6195
	Address	210 E. EARLL DRIVE				
		(Number, street, rural route, apartm PHOENIX, AZ 85012-		iite number)		
		(City, town, state, zip)				
	Email	emerson.yearwo	od@ca	bleone.biz	Fax (optional 602-364-601	3
	CERTIFICATION	(This statement of account mu	st be ce	ertified and signed in accordance with Cop	pyright Office regulations)	
O Certification	• I, the undersign	ed, hereby certify that (Check or	e, but o	nly one, of the boxes.)		
	(Owne	er other than corporation or pa	ırtnersh	ip) I am the owner of the cable system as ic	dentified in line 1 of space E	3; or
	(Agen			partnership) I am the duly authorized agent s not a corporation or partnership; or	t of the owner of the cable s	ystem as identified
	X (Office	eer or partner) I am an officer (if in line 1 of space B.	a corpo	ration) or a partner (if a partnership) of the I	legal entity identified as owr	ner of the cable system
	are true, comple		-	eclare under penalty of law that all statemen dge, information, and belief, and are made i		
			X	/s/ Raymond Storck		
				electronic signature on the line above to cert nature using an "/s/ signature" (e.g., /s/ John		
		Typed or printed	name:	RAYMOND STORCK		
		Title:		PRESIDENT al position held in corporation or partnership)		
		Date:	_ 5. OHIO		August 27, 2021	

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: 2021/1	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
BLE ONE, INC.	10481
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."	Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
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	

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.