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

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	Return completed workbook by email to:			
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	- <u>coplicsoa@loc.gov</u>		
General instru	oms (Short Form) ctions are located of this workbook	2/28/22	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150			
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(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						
B Owner	Instructions: Give the full legal name of the owner of th title of the subsidiary, not that of the pare List any other name or names under whicl	ent corporation.	idiary of another corporation, give the full c he cable system.	orporate		
	If there were different owners during the	g the accounting period, only the owner on the last day of the accounting period should submit a Ity fee payment covering the entire accounting period.				
	Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	10585		
	LEGAL NAME OF OWNER/MAILING	G 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 nu	mber)				
	PHOENIX, AZ 85012-2626 (City, town, state, zip)					
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line					
System	1 IDENTIFICATION OF CABLE SYSTEM: SPARKLIGHT					
	MAILING ADDRESS OF CABLE SYSTEM:	:				
	2 235 S 6TH STREET	mber)				
	COTTONWOOD, AZ 86326 (City, town, state, zip code)					

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAC
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Humo	CABLE ONE, INC.	10
	Instructions: List each separate community served by the cable system. A "community"	' is the same as a "community unit" as defined in FCC rul
-	"a separate and distinct community or municipal entity (including unincorporated comn	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list v	
		will serve as a form of system identification hereafter ki
	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 hom	ne parks should be reported in parentheses below the
Served	identified city.	
		OTATE
		STATE
First	COTTONWOOD	AZ
Community	CLARKDALE	AZ
	CORNVILLE	AZ
Add Rows as Necessary	PAGE SPRINGS	AZ
du nows as necessary	YAVAPAI APACHE	AZ
	YAVAPAI COUNTY	AZ

	LEGAL NAME OF OWNER OF CABLE SYSTEM:								2E. PAGE FEM IC
Name	CABLE ONE, INC.								1058
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	BERS AND R	ATES				
E	In General: The information in s					y transmission s	service of t	he cable	
	system, that is, the retransmission								
Secondary Transmission	about other services (including plast day of the accounting period	, , ,			,		hose exist	ing on the	
Service: Sub-	Number of Subscribers: Bot						ble system	, broken	
scribers and	down by categories of secondar	•					2		
Rates	each category by counting the n		0	0,0				charged	
	separately for the particular serv Rate: Give the standard rate of					•	,	re and the	
	unit in which it is generally billed	-	-					-	
	category, but do not include disc	• •		,	,				
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system	•							
	printed in block 1 (for example, t with the number of subscribers a						,		
	sufficient.		e ngin						
	BLO			BLOCK					
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТЕ	NO. CATEGORY OF SERVICE SUBSCF			RA1
	Residential:	JUBJURID	EKS	NATE	CATE	LOOKT OF SEP	(VICE	SUBSCRIBERS	NA I
	Service to first set		870	42.00		RES		277	20.
	Service to additional set(s)		0.0	-1100					
	• FM radio (if separate rate)								
	Motel, hotel		8	12.00					
	Commercial		45	42.00					
	Converter								
	Residential		870	2.75					
	Non-residential		80	1.00					
	SERVICES OTHER THAN SEC			SSIONS: RATE	s				
E	In General: Space F calls for ra					ll your cable sys	stem's serv	vices that were	
F	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								
Services	3	•			•		• • •		
Other Than	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,								
Secondary	enter only the letters "PP" in the rate column.								
ransmissions:									
Rates	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.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:		Install	28-Feb-22					
	• Pay cable	18.00	• Mo	otel, hotel		90.00	EXPAN	IDED BASIC	52.
	 Pay cable—add'l channel 		• Co	ommercial		90.00			
	Fire protection		• Pa	y cable					
	•Burglar protection		•Pa	y cable-add'l cł	annel				
	Installation: Residential		• Fir	e protection					
	• First set	90.00	• Bu	rglar protection					
	 Additional set(s) 	18.00		services:					
	 FM radio (if separate rate) 		• Re	connect		30.00			
	Converter			sconnect					
			-	itlet relocation		30.00			
	1		L	ove to new addr		30.00			

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE				
Name	CABLE ONE, INC.			1				
	PRIMARY TRANSMITTERS: TELEVISION							
G smitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in each educational station, by ent (for independent multicast) For the meaning of these t	 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, <i>except</i> (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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast)						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KAET	8	E	PHOENIX, AZ				
	KAET KASW	8 27	E I	PHOENIX, AZ PHOENIX, AZ				
vs as Necessary			Е 	PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ				
/s as Necessary	KASW	27	E I I I-M	PHOENIX, AZ				
ıs as Necessary	KASW KAZT	27 7		PHOENIX, AZ PHOENIX, AZ				
vs as Necessary	KASW KAZT KAZT-2	27 7 7	i i i-M	PHOENIX, AZ PHOENIX, AZ PHOENIX. AZ				
is as Necessary	KASW KAZT KAZT-2 KAZT-4	27 7 7 7 7	I I I-M I-M	PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ				
ıs as Necessary	KASW KAZT KAZT-2 KAZT-4 KNXV	27 7 7 7 7 7 15	I I I-M I-M	PHOENIX, AZ				
vs as Necessary	KASW KAZT KAZT-2 KAZT-4 KNXV KPAZ	27 7 7 7 7 7 15 20	i i i-M i-M i-M i N	PHOENIX, AZ				
vs as Necessary	KASW KAZT KAZT-2 KAZT-4 KNXV KPAZ KPHO	27 7 7 7 15 20 17	I I I-M I-M N I	PHOENIX, AZ MESA, AZ				
vs as Necessary	KASW KAZT KAZT-2 KAZT-4 KNXV KPAZ KPHO KPNX	27 7 7 7 15 20 17 18	i i i-M i-M i-M i N	PHOENIX, AZ				
vs as Necessary	KASW KAZT KAZT-2 KAZT-4 KNXV KPAZ KPHO KPNX KSAZ KTAZ	27 7 7 7 15 20 17 18 10 29	i i i-M i-M i-M i N	PHOENIX, AZ				
vs as Necessary	KASW KAZT KAZT-2 KAZT-4 KNXV KPAZ KPHO KPNX KSAZ KTAZ KTVK	27 7 7 7 15 20 17 18 18 10 29 24	i i i-M i-M i-M i N	PHOENIX, AZ				
vs as Necessary	KASW KAZT KAZT-2 KAZT-4 KNXV KPAZ KPHO KPNX KSAZ KTAZ KTVK KUTP	27 7 7 7 15 20 17 18 10 29 24 24 26	i i i-M i-M i-M i N	PHOENIX, AZPHOENIX, AZ				
vs as Necessary	KASW KAZT KAZT-2 KAZT-4 KNXV KPAZ KPHO KPHO KPNX KSAZ KTAZ KTVK KUTP KPHO-2	27 7 7 7 15 20 17 18 10 29 24 24 26 17	i i i-M i-M i-M i i i i i i i i i i	PHOENIX, AZ				
vs as Necessary	KASW KAZT KAZT-2 KAZT-4 KNXV KPAZ KPHO KPHO KPNX KSAZ KTAZ KTVK KUTP KPHO-2 KTVK-2	27 7 7 7 15 20 17 18 10 29 24 24 26 17 24	i i i-M i-M i M i i i i i i i i i i i i	PHOENIX, AZPHOENIX, AZ				
vs as Necessary	KASW KAZT KAZT-2 KAZT-4 KNXV KPAZ KPHO KPHO KPNX KSAZ KTAZ KTVK KUTP KPHO-2 KTVK-2 KTVK-3	27 7 7 7 15 20 17 18 10 29 24 24 26 17 24 24 24 24 24	i i i-M i-M i-M i i i i i i i i i i i i	PHOENIX, AZ				
vs as Necessary	KASW KAZT KAZT-2 KAZT-4 KNXV KPAZ KPHO KPNX KSAZ KTAZ KTVK KUTP KPHO-2 KTVK-2 KTVK-3 KPNX-2	27 7 7 7 15 20 17 18 10 29 24 24 26 17 24 24 24 24 24 18	i i i-M i-M i-M i i i i i i i i i i i i	PHOENIX, AZ PHOENIX, AZ				
vs as Necessary	KASW KAZT KAZT-2 KAZT-4 KNXV KPAZ KPHO KSAZ KTAZ KTVK KUTP KPHO-2 KTVK-3 KPNX-2 KPNX-3	27 7 7 7 15 20 17 18 10 29 24 24 26 17 24 26 17 24 24 24 24 24 18 18	i i i-M i-M i-M i N N i i i i i i i i i i i i i i i i	PHOENIX, AZPHOENIX, AZ				
vs as Necessary	KASW KAZT KAZT-2 KAZT-4 KNXV KPAZ KPHO KPNX KSAZ KTVK KUTP KPHO-2 KTVK-3 KPNX-3 KPNX-4	27 7 7 7 15 20 17 18 10 29 24 24 26 17 24 24 24 24 24 24 24 24 18 18 18	i i i-M i-M i-M i N N i i i i i i i i i i i i i i i i	PHOENIX, AZPHOENIX, AZMESA, AZMESA, AZMESA, AZMESA, AZ				
vs as Necessary	KASW KAZT KAZT-2 KAZT-4 KNXV KPAZ KPHO KPNX KSAZ KTAZ KTVK KUTP KPHO-2 KTVK-3 KPNX-2 KPNX-3 KPNX-4 KAZT-3	27 7 7 7 15 20 17 18 10 29 24 24 26 17 24 24 24 24 24 24 18 18 18 18 18	i i i-M i-M i-M i M i N i i i i i i i i i i i i i i i	PHOENIX, AZPHOENIX, AZMESA, AZMESA, AZMESA, AZMESA, AZMESA, AZ				
vs as Necessary	KASW KAZT KAZT-2 KAZT-4 KNXV KPAZ KPHO KPNX KSAZ KTVK KUTP KPHO-2 KTVK-3 KPNX-3 KPNX-4	27 7 7 7 15 20 17 18 10 29 24 24 26 17 24 24 24 24 24 24 24 24 18 18 18	i i i-M i-M i-M i N N i i i i i i i i i i i i i i i i	PHOENIX, AZPHOENIX, AZMESA, AZMESA, AZMESA, AZMESA, AZ				

ounting Period: 2	2021/2			FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID					
Name	CABLE ONE, INC.			1058					
	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, <i>except</i> (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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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 in structions in the paper SA1-2 form. Column								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KPHO-SIMUL	17	1	PHOENIX,AZ					
		17	•						
	KV2T-SIMI II	7	I						
	KAZT-SIMUL	7	l	PHOENIX,AZ					
ld Rows as Necessary	KAET-SIMUL	8		PHOENIX,AZ PHOENIX,AZ					
d Rows as Necessary	KAET-SIMUL KSAZ-SIMUL	8 10	E	PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ					
l Rows as Necessary	KAET-SIMUL KSAZ-SIMUL KPNX-SIMUL	8 10 18	E I N	PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ MESA, AZ					
d Rows as Necessary	KAET-SIMUL KSAZ-SIMUL	8 10	E	PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ					
d Rows as Necessary	KAET-SIMUL KSAZ-SIMUL KPNX-SIMUL	8 10 18	E I N	PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ MESA, AZ					
ld Rows as Necessary	KAET-SIMUL KSAZ-SIMUL KPNX-SIMUL KNXV-SIMUL	8 10 18 15	E I N	PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ MESA, AZ PHOENIX,AZ					
ld Rows as Necessary	KAET-SIMUL KSAZ-SIMUL KPNX-SIMUL KNXV-SIMUL KTAZ-SIMUL	8 10 18 15 29	E I N	PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ MESA, AZ PHOENIX,AZ PHOENIX,AZ					
ld Rows as Necessary	KAET-SIMUL KSAZ-SIMUL KPNX-SIMUL KNXV-SIMUL KTAZ-SIMUL KUTP-SIMUL	8 10 18 15 29 26	E I N	PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ MESA, AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ					
ld Rows as Necessary	KAET-SIMUL KSAZ-SIMUL KPNX-SIMUL KNXV-SIMUL KTAZ-SIMUL KUTP-SIMUL	8 10 18 15 29 26	E I N	PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ MESA, AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ					
ld Rows as Necessary	KAET-SIMUL KSAZ-SIMUL KPNX-SIMUL KNXV-SIMUL KTAZ-SIMUL KUTP-SIMUL	8 10 18 15 29 26	E I N	PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ MESA, AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ					
ld Rows as Necessary	KAET-SIMUL KSAZ-SIMUL KPNX-SIMUL KNXV-SIMUL KTAZ-SIMUL KUTP-SIMUL	8 10 18 15 29 26	E I N	PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ MESA, AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ					
ld Rows as Necessary	KAET-SIMUL KSAZ-SIMUL KPNX-SIMUL KNXV-SIMUL KTAZ-SIMUL KUTP-SIMUL	8 10 18 15 29 26	E I N	PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ MESA, AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ					
ld Rows as Necessary	KAET-SIMUL KSAZ-SIMUL KPNX-SIMUL KNXV-SIMUL KTAZ-SIMUL KUTP-SIMUL	8 10 18 15 29 26	E I N	PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ MESA, AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ					
ld Rows as Necessary	KAET-SIMUL KSAZ-SIMUL KPNX-SIMUL KNXV-SIMUL KTAZ-SIMUL KUTP-SIMUL	8 10 18 15 29 26	E I N	PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ MESA, AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ					
ld Rows as Necessary	KAET-SIMUL KSAZ-SIMUL KPNX-SIMUL KNXV-SIMUL KTAZ-SIMUL KUTP-SIMUL	8 10 18 15 29 26	E I N	PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ MESA, AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ					
ld Rows as Necessary	KAET-SIMUL KSAZ-SIMUL KPNX-SIMUL KNXV-SIMUL KTAZ-SIMUL KUTP-SIMUL	8 10 18 15 29 26	E I N	PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ MESA, AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ					
ld Rows as Necessary	KAET-SIMUL KSAZ-SIMUL KPNX-SIMUL KNXV-SIMUL KTAZ-SIMUL KUTP-SIMUL	8 10 18 15 29 26	E I N	PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ MESA, AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ					
ld Rows as Necessary	KAET-SIMUL KSAZ-SIMUL KPNX-SIMUL KNXV-SIMUL KTAZ-SIMUL KUTP-SIMUL	8 10 18 15 29 26	E I N	PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ MESA, AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ					
ld Rows as Necessary	KAET-SIMUL KSAZ-SIMUL KPNX-SIMUL KNXV-SIMUL KTAZ-SIMUL KUTP-SIMUL	8 10 18 15 29 26	E I N	PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ MESA, AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ					
ld Rows as Necessary	KAET-SIMUL KSAZ-SIMUL KPNX-SIMUL KNXV-SIMUL KTAZ-SIMUL KUTP-SIMUL	8 10 18 15 29 26	E I N	PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ MESA, AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ					
ld Rows as Necessary	KAET-SIMUL KSAZ-SIMUL KPNX-SIMUL KNXV-SIMUL KTAZ-SIMUL KUTP-SIMUL	8 10 18 15 29 26	E I N	PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ MESA, AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ					
ld Rows as Necessary	KAET-SIMUL KSAZ-SIMUL KPNX-SIMUL KNXV-SIMUL KTAZ-SIMUL KUTP-SIMUL	8 10 18 15 29 26	E I N	PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ MESA, AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ PHOENIX,AZ					

CABLE ONE	OWNER OF C	ADLE 3	тотем.					SYSTEM ID 1058
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cat					н
Special Instruct receivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: Si Column 3: If signal, indicate t Column 4: G	tions Concer it is carried by monitoring, to rmation about m. entify the call tate whether the the radio stati this by placing ive the station	rning A the system be rece t the Co sign of he station on's sign a chec i's location	II-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the	Copyright Office is it the system's he system's FM ant this point, see pa sed by the cable is ne station is licen	regulations, an eadend, and (2 enna, during o ige (v) of the g system as a s sed by the FC	n FM sig 2) it can certain s general i eparate	inal is generally be expected, tated intervals. instructions in the. and discrete	Primary Transmitters: Radio
<u>,</u>	-		· · · · · · · · · · · · · · · · · · ·	1		1	1	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					28-Feb-22			
							·	
							l	

Accounting Perio	od: 2021/2						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CABLE ONE, INC.							10585
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	ify every noi	nnetwork televi	s <i>ion program</i> , broadcast by	a distant sta	tion, that yo	our cable syst	tem carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included i	n this log, see page (v) of tl	he general ins	structions ir	n the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	riod, did you	ur cable systen	n carry, on a substitute ba	sis, any nonr	network tel	evision progi	ram
Statement and Program Log	broadcast by a distant sta	tion?	-		-		YES	× NO
i rogram Log	Note: If your answer is "No		rest of this na	ge blank. If your answer is	s "Yes " vou r	ust comp		
	log in block 2.			ge blank. If your answer is	, your	nuor oomp	lete the prog	nam
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subs				s wherever po	ossible, if t	heir meaning	g is
	clear. If you need more spa							
	Column 1: Give the title period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				• •	,	
				er "Yes." Otherwise enter "				
				asting the substitute progr he community to which th		concod by	the ECC or	in
	the case of Mexican or Car							
				stem carried the substitute			ls, with the m	nonth
	first. Example: for May 7 giv							
				ogram was carried by you				ately
	to the nearest five minutes.	Example: a	a program carr	ried by a system from 6:01	:15 p.m. to 6	:28:30 p.m	n. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	n was substituted for prog	ramming that	vour syste	em was <i>requ</i>	ired
	to delete under FCC rules a							
	was substituted for progran	nming that						-
	effect on October 19, 1976							
	S	UBSTITUT	E PROGRAM			N SUBST AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. ⁻ FROM	TIMES — TO	DELETION
		163 01 110	CALL SIGN	4. STATIONS LOCATION		TROM		
							—	
							_	
							_	
							_	
							_	
		+	·					
							—	
							_	
							<u> </u>	
							_	
							_	
					#####			
					########		_	
							_	
							_	

Accounting Period:	2021/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.		ę	WSTEM ID# 10585
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and th all amounts (gross receipts) paid to your cable system by subscribers for the syste (as identified in space E) during the accounting period. For a further explanation of 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 receipt	m's secondary transm f how to compute this a	ission service amount, see	60,306.38
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but I • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but I See page (vi) of the general instructions located in the paper SA1-2 form for more infor	ess than \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,10	0 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00			
	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 LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K			
	3. Subtract line 2 from line 1			
	4. Enter the amount of gross receipts from space K	· · · · · · · <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			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	। ॐ X 		
	1. Enter the amount of gross receipts from space K	360,306.38		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1			
	4. Multiply line 3 by .01		965.06	
	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, a	and 6	\$	2,284.06
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	2,284.06	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \ldots	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	2,304.06
	Important: Your remittance must be in the form of an electronic paymen See page i of the general instructions in the paper SA1-2 fo			ghts!

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	SYSTEM ID# 10585
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system c to its subscribers, and (2) the cable system's total number of activated channels durin 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations	ng the accounting period.
	and nonbroadcast services	288
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Ident we can contact about this statement of account.)	tify an individual to whom
for Further Information	Name JENAE HECK	Telephone 602-364-6092
	Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number) PHOENIX, AZ 85012-2626 (City, town, state, zip)	
	Email JENAE.HECK@CABLEONE.BIZ	Fax (optional) 602-364-6013
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable if (Agent of owner other than corporation or partnership) I am the duly author in line 1 of space B and that the owner is not a corporation or partnership; X (Officer or partner) I am an officer (if a corporation) or a partner (if a partners in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that are true, complete, and correct to the best of my knowledge, information, and belief, and [18 U.S.C., Section 1001(1986)]	system as identified in line 1 of space B; or orized agent of the owner of the cable system as identified ; or rship) of the legal entity identified as owner of the cable system at all statements of fact contained herein d are made in good faith.
	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 it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

BLE ONE, INC. 105 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Image: Concentration of the state of the stat	unting Period: 2021/2	FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Sublit home Viewer Act of 1988 amended Tite 17, section 111(g)(1)(A), of the Copyright Act by adding the following sectore and amounts colsents and the gross amounts paid to the cable system for the basic accelera and amounts collected from subscholmers receiving and amounts collected from subscholmers receiving and and unclus collected from subscholmers receiving and amounts collected from subscholmers receiving and and unclus collected from subscholmers receiving and unclus collected in the paper SA1-2 form. Image No No Variant collected for these royally payments submitted as a result of a late payment or underpayment. For an explanation of interest rates and enter the sum here x	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The Satellite Home Viewer Act of 1988 amended Tile 17, section 111(s)(1)(A), of the Copyright Act by adding the following sentence: In determining the total number of subscribers and the gates amounts paid to the cable system for the basic providing secondary transmissions pursuant to section 113.* For more information on when to exclude these amounts, see the note on page (vii) of the general instructions for account and period in the cable system for the basic concerning Gross made by satellite carriers to satellite dati overes? I NO I YES. Enter the total here and list the satellite carrier(s) below. Name Maing Address Name Maing Address Name Maing Address I NO I YES. Enter the total here and list the satellite carrier(s) below. Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 2 Multiply line 1 by the interest rate* 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 6, or block 3 line 6 * 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 6, or block 3 line 6 * To is is the decimal equivalent of 1/365, which is the interest assessment for one day late. Over Address ID number First community served	3LE ONE, INC.	1058
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Maling Address Name Maling Address Name 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 Line 1 Enter the amount of late payment or underpayment.	 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. 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? 	P Special Statement Concerning Gross Receipts Exclusion
Name Mame Maling Address Mame Maling Address Mame INTEREST ASSESSMENT You must complete this worksheet for those royally 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 Assessme Line 1 Enter the amount of late payment or underpayment. x		-
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest comparison of interest comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest rate, and enter the sum here		
Line 1 Enter the amount of late payment or underpayment	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
x		Interest Assessmen
Line 3 Multiply line 2 by the number of days late and enter the sum here		_
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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	in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
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.	* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance 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	** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
Address ID number First community served		
First community served		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.